

Michigan Register

Issue No. 9 – 2001 (Published June 1, 2001)



GRAPHIC IMAGES IN THE MICHIGAN REGISTER

COVER DRAWING

Michigan State Capitol:

This image, with flags flying to indicate that both chambers of the legislature are in session, may have originated as an etching based on a drawing or a photograph. The artist is unknown. The drawing predates the placement of the statue of Austin T. Blair on the capitol grounds in 1898.

(Michigan State Archives)

PAGE GRAPHICS

Capitol Dome:

The architectural rendering of the Michigan State Capitol's dome is the work of Elijah E. Myers, the building's renowned architect. Myers inked the rendering on linen in late 1871 or early 1872. Myers' fine draftsmanship, the hallmark of his work, is clearly evident.

Because of their size, few architectural renderings of the 19th century have survived. Michigan is fortunate that many of Myers' designs for the Capitol were found in the building's attic in the 1950's. As part of the state's 1987 sesquicentennial celebration, they were conserved and deposited in the Michigan State Archives.

(Michigan State Archives)

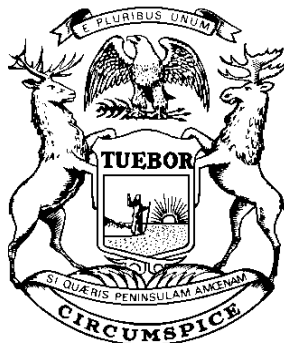
East Elevation of the Michigan State Capitol:

When Myers' drawings were discovered in the 1950's, this view of the Capitol – the one most familiar to Michigan citizens – was missing. During the building's recent restoration (1989-1992), this drawing was commissioned to recreate the architect's original rendering of the east (front) elevation.

(Michigan Capitol Committee)

Michigan Register

**Published pursuant to § 24.208 of
The Michigan Compiled Laws**



Issue No. 9 — 2001

(This issue, published June 1, 2001, contains
documents filed from May 1, 2001 to May 15, 2001)

Compiled and Published by the
Office of Regulatory Reform

© 2001 by Office of Regulatory Reform, State of Michigan
All rights reserved.
Printed in the United States of America

Michigan Register (ISSN 0892-3124). Published twice per month, with a cumulative index, by the Office of Regulatory Reform, pursuant to §24.208 of the Michigan Compiled Laws. Subscription \$110 per year, postpaid to points in the U.S. First class postage paid at Lansing, Michigan. Direct all mail concerning subscriptions to Office of Regulatory Reform, Executive Office, George W. Romney Building, 111 S. Capitol Avenue, Lansing, MI 48933. Telephone: 517-373-0526.

Brian D. Devlin, Director, Office of Regulatory Reform; **Alicia M. Sikkenga**, Attorney; **Deidre O'Berry**, Administrative Assistant for Operations; **James D. Lance**, Administrative Assistant for Publications.

John Engler, Governor



Dick Posthumus, Lieutenant Governor

PREFACE

PUBLICATION AND CONTENTS OF THE MICHIGAN REGISTER

The Office of Regulatory Reform publishes the *Michigan Register*.

While several statutory provisions address the publication and contents of the *Michigan Register*, two are of particular importance.

MCL 24.208 states:

Sec. 8 (1) The office of regulatory reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

- (a) Executive orders and executive reorganization orders.
 - (b) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills signed into law by the governor during the calendar year and the corresponding public act numbers.
 - (c) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills vetoed by the governor during the calendar year.
 - (d) Proposed administrative rules.
 - (e) Notices of public hearings on proposed administrative rules.
 - (f) Administrative rules filed with the secretary of state.
 - (g) Emergency rules filed with the secretary of state.
 - (h) Notice of proposed and adopted agency guidelines.
 - (i) Other official information considered necessary or appropriate by the office of regulatory reform.
 - (j) Attorney general opinions.
 - (k) All of the items listed in section 7(1) after final approval by the certificate of need commission or the statewide health coordinating council under section 22215 or 22217 of the public health code, 1978 PA 368, MCL 333.22215 and 333.22217.
- (2) The office of regulatory reform shall publish a cumulative index for the Michigan register.
 - (3) The Michigan register shall be available for public subscription at a fee reasonably calculated to cover publication and distribution costs.
 - (4) If publication of an agency's proposed rule or guideline or an item described in subsection (1)(k) would be unreasonably expensive or lengthy, the office of regulatory reform may publish a brief synopsis of the proposed rule or guideline or item described in subsection (1)(k), including information on how to obtain a complete copy of the proposed rule or guideline or item described in subsection (1)(k) from the agency at no cost.
 - (5) An agency shall transmit a copy of the proposed rules and notice of public hearing to the office of regulatory reform for publication in the Michigan register.

MCL 4.1203 states:

Sec. 203. (1) The Michigan register fund is created in the state treasury and shall be administered by the office of regulatory reform. The fund shall be expended only as provided in this section.

- (2) The money received from the sale of the Michigan register, along with those amounts paid by state agencies pursuant to section 57 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.257, shall be deposited with the state treasurer and credited to the Michigan register fund.
- (3) The Michigan register fund shall be used to pay the costs preparing, printing, and distributing the Michigan register.
- (4) The department of management and budget shall sell copies of Michigan register at a price determined by the office of regulatory reform not to exceed cost of preparation, printing, and distribution.
- (5) Notwithstanding section 204, beginning January 1, 2001, the office of regulatory reform shall make the text of the Michigan register available to the public on the internet.
- (6) The information described in subsection (5) that is maintained by the office of regulatory reform shall be made available in the shortest feasible time after the information is available. The information described in subsection (5) that is not maintained by the office of regulatory reform shall be made available in the shortest feasible time after it is made available to the office of regulatory reform.
- (7) Subsection (5) does not alter or relinquish any copyright or other proprietary interest or entitlement of this state relating to any of the information made available under subsection (5).
- (8) The office of regulatory reform shall not charge a fee for providing the Michigan register on the internet as provided in subsection (5).
- (9) As used in this section, "Michigan register" means that term as defined in section 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.205.

CITATION TO THE MICHIGAN REGISTER

The *Michigan Register* is cited by year and issue number. For example, 2001 MR 1 refers to the year of issue (2001) and the issue number (1).

CLOSING DATES AND PUBLICATION SCHEDULE

The deadlines for submitting documents to the Office of Regulatory Reform for publication in the *Michigan Register* are the first and fifteenth days of each calendar month, unless the submission day falls on a Saturday, Sunday, or legal holiday, in which event the deadline is extended to include the next day which is not a Saturday, Sunday, or legal holiday. Documents filed or received after 5:00 p.m. on the closing date of a filing period will appear in the succeeding issue of the *Michigan Register*.

The Office of Regulatory Reform is not responsible for the editing and proofreading of documents submitted for publication.

Documents submitted for publication should be delivered or mailed in an electronic format to the following address: MICHIGAN REGISTER, Office of Regulatory Reform, Executive Office, George W. Romney Building, 111 S. Capitol Avenue, Lansing, MI 48933

RELATIONSHIP TO THE MICHIGAN ADMINISTRATIVE CODE

The *Michigan Administrative Code* (1979 edition), which contains all permanent administrative rules in effect as of December 1979, was, during the period 1980-83, updated each calendar quarter with the publication of a paperback supplement. An annual supplement contained those permanent rules, which had appeared in the 4 quarterly supplements covering that year. Quarterly supplements to the Code were discontinued in January 1984, and replaced by the monthly publication of permanent rules and emergency rules in the *Michigan Register*. Annual supplements have included the full text of those permanent rules that appear in the twelve monthly issues of the *Register* during a given calendar year. Emergency rules published in an issue of the *Register* are noted in the annual supplement to the Code.

SUBSCRIPTIONS AND DISTRIBUTION

The *Michigan Register*, a publication of the State of Michigan, is available for public subscription at a cost of \$110.00 per year. Submit subscription requests to: DMB, Office of Administrative Services, P.O. Box 30026, 320 South Walnut Street, Lansing, MI 48909. Checks Payable: State of Michigan. Any questions should be directed to the Office of Regulatory Reform (517) 373-0526.

INTERNET ACCESS

The *Michigan Register* can be viewed free of charge on the Internet web site of the Office of Regulatory Reform: www.state.mi.us/orr

Issue 2000-3 and all subsequent editions of the *Michigan Register* can be viewed on the Office of Regulatory Reform Internet web site. The electronic version of the *Register* can be navigated using the blue highlighted links found in the Contents section. Clicking on a highlighted title will take the reader to related text, clicking on a highlighted header above the text will return the reader to the Contents section.

Brian D. Devlin, Director
Office of Regulatory Reform

2001 PUBLICATION SCHEDULE

| Issue No. | Closing Date for Filing or Submission Of Documents (5 p.m.) | Publication Date |
|-----------|---|--------------------|
| 2001 | | |
| 1 | January 16, 2001 | February 1, 2001 |
| 2 | February 1, 2001 | February 15, 2001 |
| 3 | February 15, 2001 | March 1, 2001 |
| 4 | March 1, 2001 | March 15, 2001 |
| 5 | March 15, 2001 | April 1, 2001 |
| 6 | April 1, 2001 | April 15, 2001 |
| 7 | April 15, 2001 | May 1, 2001 |
| 8 | May 1, 2001 | May 15, 2001 |
| 9 | May 15, 2001 | June 1, 2001 |
| 10 | June 1, 2001 | June 15, 2001 |
| 11 | June 15, 2001 | July 1, 2001 |
| 12 | July 1, 2001 | July 15, 2001 |
| 13 | July 15, 2001 | August 1, 2001 |
| 14 | August 1, 2001 | August 15, 2001 |
| 15 | August 15, 2001 | September 1, 2001 |
| 16 | September 1, 2001 | September 15, 2001 |
| 17 | September 15, 2001 | October 1, 2001 |
| 18 | October 1, 2001 | October 15, 2001 |
| 19 | October 15, 2001 | November 1, 2001 |
| 20 | November 1, 2001 | November 15, 2001 |
| 21 | November 15, 2001 | December 1, 2001 |
| 22 | December 1, 2001 | December 15, 2001 |
| 23 | December 15, 2001 | January 1, 2002 |
| 24 | January 1, 2002 | January 15, 2002 |

CONTENTS

ADMINISTRATIVE RULES FILED WITH SECRETARY OF STATE

Department of Environmental Quality

Drinking Water and Radiological Protection Division (ORR 1998-110)

Supplying Water to the Public.....2-21

PROPOSED ADMINISTRATIVE RULES, NOTICES OF PUBLIC HEARINGS

Department of Consumer and Industry Services

Director's Office (ORR 2001-013)

Illumination.....23-28

Department of Treasury

Bureau of State Lottery (ORR 2001-020)

Lottery.....29-31

Department of Treasury

Bureau of State Lottery (ORR 2001-020)

Notice of Public Hearing32

CERTIFICATE OF NEED REVIEW STANDARDS

Department of Community Health

Hospital Beds.....34-52

Department of Community Health

Nursing Home and Hospital Long-Term-Care Unit Beds 53-82

**ENROLLED SENATE AND HOUSE
BILLS SIGNED INTO LAW OR VETOED**

| | |
|---------------------------|----|
| Table (2001 Session)..... | 84 |
|---------------------------|----|

MICHIGAN ADMINISTRATIVE CODE TABLE

| | |
|---------------------------|-------|
| Table (2001 Session)..... | 86-92 |
|---------------------------|-------|

CUMULATIVE INDEX

| | |
|-------------------------------|-------|
| Cumulative Index (2001) | 93-97 |
|-------------------------------|-------|

ADMINISTRATIVE RULES
FILED WITH THE SECRETARY OF STATE

MCL 24.208 states in part:

“Sec. 8. (1) The office of regulatory reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(f) Administrative rules filed with the secretary of state.”

ADMINISTRATIVE RULES

DEPARTMENT OF ENVIRONMENTAL QUALITY

DRINKING WATER AND RADIOLOGICAL PROTECTION DIVISION

SUPPLYING WATER TO THE PUBLIC

Filed with the Secretary of State on May 1, 2001.

These rules take effect 15 days after filing with the Secretary of State

(By authority conferred on the department of environmental quality by sections 5 and 14 of 1976 PA 399, MCL 325.1005 and 325.1014, and Executive Order 1996-1, MCL 330.3101)

R 325.10101 to R 325.10410 and R 325.10501 to R 325.12820 of the Michigan Administrative Code are amended by adding R 325.10411, R 325.10412, R 325.10413, R 325.10414, R 325.10415, R 325.10416, R 325.10417, R 325.10418, R 325.10419, and R 325.10420 as follows:

PART 4. PUBLIC NOTIFICATION AND PUBLIC EDUCATION

R 325.10411 Annual consumer confidence reporting; purpose and applicability.

Rule 411.(1) R 325.10411 to R 325.10415 establish the minimum requirements for the content, recordkeeping, and delivery of annual consumer confidence reports that community supplies shall prepare and deliver to their customers. These reports shall contain information on the quality of the water delivered by the supplies and characterize the risks, if any, from exposure to contaminants detected in the drinking water in an accurate and understandable manner.

(2) R 325.10411 to R 325.10415 apply only to community supplies.

(3) For the purpose of R 325.10411 to R 325.10415, "report" means annual consumer confidence report.

(4) For the purpose of R 325.10411 to R 325.10415, "customers" are defined as billing units or service connections to which water is delivered by a community supply.

(5) For the purpose of R 325.10411 to R 325.10420, "detected" means at or above the levels prescribed by R 325.10605.

R 325.10412 Annual consumer confidence reporting; effective dates.

Rule 412.(1) Each existing community supply shall deliver its report by July 1 annually. Each report shall contain data collected during, or before, the previous calendar year.

(2) A new community supply shall deliver its first report by July 1 of the year after its first full calendar year in operation and then by July 1 annually.

(3) A community supply that sells water to another community supply shall deliver the applicable information required in R 325.10413 to the buyer supply by either of the following dates:

(a) April 1 annually.

(b) A date mutually agreed upon by the seller and the purchaser, and specifically included in a contract between the parties.

R 325.10413 Annual consumer confidence reporting; content of reports.

Rule 413. (1) Each community supply shall provide to its customers an annual report that contains the information specified in this rule and the information specified in R 325.10414.

(2) Each report shall identify the source or sources of the water delivered by the community supply by providing information on the following:

(a) The type of the water; for example, surface water or ground water.

(b) The commonly used name, if any, and location of the body or bodies of water.

(3) If a source water assessment has been completed, then the report shall notify consumers of the availability of the information and the means to obtain it. In addition, a community supply is encouraged to highlight in the report significant sources of contamination in the source water area if the supply has readily available information. If a community supply has received a source water assessment from the department, then the report shall include a brief summary of the supply's susceptibility to potential sources of contamination, using language provided by the department or written by the operator.

(4) Each report shall include the following definitions:

(a) "Maximum Contaminant Level Goal" or "MCLG" means the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

(b) "Maximum Contaminant Level" or "MCL" means the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

(5) A report for a community supply operating under a variance or an exemption issued under section 20 of the act shall include the definition for variances and exemptions. "Variances and exemptions" means state or EPA permission not to meet an MCL or a treatment technique under certain conditions.

(6) A report that contains data on a contaminant for which EPA has set a treatment technique or an action level shall include one or both of the following definitions as applicable:

(a) "Treatment Technique" or "TT" means a required process intended to reduce the level of a contaminant in drinking water.

(b) "Action Level" or "AL" means the concentration of a contaminant that, if exceeded, triggers treatment or other requirements that a water supply shall follow.

(7) The report shall include the following information on detected contaminants subject to mandatory monitoring, except *Cryptosporidium*.

(a) This subrule applies to all of the following contaminants:

(i) Contaminants subject to an MCL, action level, or treatment technique known as regulated contaminants.

(ii) Contaminants for which monitoring is required by R 325.10717b known as unregulated contaminants.

(iii) Disinfection by-products or microbial contaminants for which monitoring is required by 40 C.F.R. part 141, §§141.142 and 141.143, except as provided under subrule (8)(a) of this rule, and which are detected in the finished water.

(b) The data relating to the contaminants specified in this subrule shall be displayed in one table or in several adjacent tables. Any additional monitoring results that a community supply chooses to include in its report shall be displayed separately.

(c) The data shall be derived from data collected to comply with EPA and state monitoring and analytical requirements during the previous calendar year with the following exceptions:

(i) If a community supply is allowed to monitor for regulated contaminants less often than once a year, then the table or tables shall include the date and results of the most recent sampling and the report shall include a brief statement indicating that the data presented in the report are from the most recent testing done in accordance with the regulations. Data older than 5 years need not be included.

(ii) Results of monitoring in compliance with 40 C.F.R. part 141, §§141.142 and 141.143 need only be included for 5 years from the date of last sample or until any of the detected contaminants becomes regulated and subject to routine monitoring requirements, whichever comes first.

(d) For detected regulated contaminants in table 4.1, the table or tables shall contain all of the following information:

(i) The MCL for that contaminant expressed as a number equal to or greater than 1.0 (as provided in table 4.1).

(ii) The MCLG for that contaminant expressed in the same units as the MCL.

(iii) If there is not an MCL for a detected contaminant, then the table shall indicate that there is a treatment technique, or specify the action level, applicable to that contaminant. The report shall also include the definitions for treatment technique and/or action level, as appropriate, and specified in subrule (6) of this rule.

(iv) For contaminants subject to an MCL, except turbidity and total coliforms, the table shall indicate the highest contaminant level used to determine compliance with a national primary drinking water regulation (NPDWR) and the range of detected levels as follows:

(A) If compliance with the MCL is determined annually or less frequently, then the table shall indicate the highest detected level at any sampling point and the range of detected levels expressed in the same units as the MCL.

(B) If compliance with the MCL is determined by calculating a running annual average of all samples taken at a sampling point, then the table shall indicate the highest average of any of the sampling points and the range of all sampling points expressed in the same units as the MCL.

(C) If compliance with the MCL is determined on a supply-wide basis by calculating a running annual average of all samples at all sampling points, then the table shall indicate the average and range of detection expressed in the same units as the MCL.

TABLE 4.1

Converting MCL Compliance Values for Consumer Confidence Reports

Key:

AL=Action Level

MCL=Maximum Contaminant Level

MCLG=Maximum Contaminant Level Goal

MFL=million fibers per liter

mrem/year=millirems per year (a measure of radiation absorbed by the body)

NTU=Nephelometric Turbidity Units

pCi/l=picocuries per liter (a measure of radioactivity)

ppm=parts per million, or milligrams per liter (mg/l)

ppb=parts per billion, or micrograms per liter (µg/l)

ppt=parts per trillion, or nanograms per liter

ppq=parts per quadrillion, or picograms per liter

TT=Treatment Technique

| Contaminant | MCL in Compliance Units (mg/L) | Multiply By... | MCL in CCR Units | MCLG in CCR Units |
|-------------------------------------|--------------------------------|----------------|---|-------------------|
| Microbiological Contaminants | | | | |
| 1.Total coliform bacteria | | | (Supplies that collect 40 or more samples per month) 5% of monthly samples are positive; (supplies that collect fewer than 40 samples per month) 1 positive monthly sample. | 0 |
| 2.Fecal coliform and E. coli | | | A routine sample and a repeat sample are total coliform positive, and 1 is also fecal coliform or E. coli positive. | 0 |
| 3. Turbidity | | | TT (NTU) | n/a |
| Radioactive Contaminants | | | | |
| 4. Beta/photon emitters | 4 mrem/yr | | 4 mrem/yr | 0 |
| 5. Alpha emitters | 15 pCi/l | | 15 pCi/l | 0 |
| 6. Combined radium | 5 pCi/l | | 5 pCi/l | 0 |
| Inorganic contaminants | | | | |
| 7. Antimony | .006 | 1000 | 6 ppb | 6 |
| 8. Arsenic | .05 | 1000 | 50 ppb | n/a |
| 9. Asbestos | 7 MFL | | 7 MFL | 7 |
| 10. Barium | 2 | | 2 ppm | 2 |
| 11. Beryllium | .004 | 1000 | 4 ppb | 4 |
| 12. Cadmium | .005 | 1000 | 5 ppb | 5 |
| 13. Chromium | .1 | 1000 | 100 ppb | 100 |
| 14. Copper | AL=1.3 | | AL=1.3 ppm | 1.3 |
| 15. Cyanide | .2 | 1000 | 200 ppb | 200 |
| 16. Fluoride | 4 | | 4 ppm | 4 |

| Contaminant | MCL in Compliance Units (mg/L) | Multiply By... | MCL in CCR Units | MCLG in CCR Units |
|---|---------------------------------------|-----------------------|-------------------------|--------------------------|
| 17. Lead | AL=.015 | 1000 | AL=15 ppb | 0 |
| 18. Mercury (inorganic) | .002 | 1000 | 2 ppb | 2 |
| 19. Nitrate (as Nitrogen) | 10 | | 10 ppm | 10 |
| 20. Nitrite (as Nitrogen) | 1 | | 1 ppm | 1 |
| 21. Selenium | .05 | 1000 | 50 ppb | 50 |
| 22. Thallium | .002 | 1000 | 2 ppb | .5 |
| Synthetic Organic Contaminants Including Pesticides and Herbicides | | | | |
| 23. 2,4-D | .07 | 1000 | 70 ppb | 70 |
| 24. 2,4,5-TP (Silvex) | .05 | 1000 | 50 ppb | 50 |
| 25. Acrylamide | | | TT | 0 |
| 26. Alachlor | .002 | 1000 | 2 ppb | 0 |
| 27. Atrazine | .003 | 1000 | 3 ppb | 3 |
| 28. Benzo(a)pyrene (PAH) | .0002 | 1,000,000 | 200 ppt | 0 |
| 29. Carbofuran | .04 | 1000 | 40 ppb | 40 |
| 30. Chlordane | .002 | 1000 | 2 ppb | 0 |
| 31. Dalapon | .2 | 1000 | 200 ppb | 200 |
| 32. Di(2-ethylhexyl)adipate | .4 | 1000 | 400 ppb | 400 |
| 33. Di(2-ethylhexyl)phthalate | .006 | 1000 | 6 ppb | 0 |
| 34. Dibromochloropropane | .0002 | 1,000,000 | 200 ppt | 0 |
| 35. Dinoseb | .007 | 1000 | 7 ppb | 7 |
| 36. Diquat | .02 | 1000 | 20 ppb | 20 |
| 37. Dioxin (2,3,7,8-TCDD) | .00000003 | 1,000,000,000 | 30 ppq | 0 |
| 38. Endothall | .1 | 1000 | 100 ppb | 100 |
| 39. Endrin | .002 | 1000 | 2 ppb | 2 |
| 40. Epichlorohydrin | | | TT | 0 |
| 41. Ethylene dibromide | .00005 | 1,000,000 | 50 ppt | 0 |
| 42. Glyphosate | .7 | 1000 | 700 ppb | 700 |
| 43. Heptachlor | .0004 | 1,000,000 | 400 ppt | 0 |
| 44. Heptachlor epoxide | .0002 | 1,000,000 | 200 ppt | 0 |
| 45. Hexachlorobenzene | .001 | 1000 | 1 ppb | 0 |
| 46. Hexachloro-cyclopentadiene | .05 | 1000 | 50 ppb | 50 |
| 47. Lindane | .0002 | 1,000,000 | 200 ppt | 200 |
| 48. Methoxychlor | .04 | 1000 | 40 ppb | 40 |
| 49. Oxamyl (Vydate) | .2 | 1000 | 200 ppb | 200 |
| 50. PCBs (Polychlorinated biphenyls) | .0005 | 1,000,000 | 500 ppt | 0 |
| 51. Pentachlorophenol | .001 | 1000 | 1 ppb | 0 |
| 52. Picloram | .5 | 1000 | 500 ppb | 500 |
| 53. Simazine | .004 | 1000 | 4 ppb | 4 |
| 54. Toxaphene | .003 | 1000 | 3 ppb | 0 |
| Volatile Organic Contaminants | | | | |
| 55. Benzene | .005 | 1000 | 5 ppb | 0 |
| 56. Carbon tetrachloride | .005 | 1000 | 5 ppb | 0 |
| 57. Chlorobenzene | .1 | 1000 | 100 ppb | 100 |
| 58. o-Dichlorobenzene | .6 | 1000 | 600 ppb | 600 |
| 59. p-Dichlorobenzene | .075 | 1000 | 75 ppb | 75 |
| 60. 1,2-Dichloroethane | .005 | 1000 | 5 ppb | 0 |
| 61. 1,1-Dichloroethylene | .007 | 1000 | 7 ppb | 7 |
| 62. cis-1,2-Dichloroethylene | .07 | 1000 | 70 ppb | 70 |
| 63. trans-1,2-Dichloroethylene | .1 | 1000 | 100 ppb | 100 |
| 64. Dichloromethane | .005 | 1000 | 5 ppb | 0 |

| Contaminant | MCL in Compliance Units (mg/L) | Multiply By... | MCL in CCR Units | MCLG in CCR Units |
|-----------------------------------|--------------------------------|----------------|------------------|-------------------|
| 65. 1,2-Dichloropropane | .005 | 1000 | 5 ppb | 0 |
| 66. Ethylbenzene | .7 | 1000 | 700 ppb | 700 |
| 67. Styrene | .1 | 1000 | 100 ppb | 100 |
| 68. Tetrachloroethylene | .005 | 1000 | 5 ppb | 0 |
| 69. 1,2,4-Trichlorobenzene | .07 | 1000 | 70 ppb | 70 |
| 70. 1,1,1-Trichloroethane | .2 | 1000 | 200 ppb | 200 |
| 71. 1,1,2-Trichloroethane | .005 | 1000 | 5 ppb | 3 |
| 72. Trichloroethylene | .005 | 1000 | 5 ppb | 0 |
| 73. TTHMS (Total trihalomethanes) | .10 | 1000 | 100 ppb | n/a |
| 74. Toluene | 1 | | 1 ppm | 1 |
| 75. Vinyl Chloride | .002 | 1000 | 2 ppb | 0 |
| 76. Xylenes | 10 | | 10 ppm | 10 |

Note to subdivision (d)(iv) of this subrule: When rounding of results to determine compliance with the MCL is allowed, rounding may be done before multiplying the results by the factor listed in table 4.1 of this rule.

(v) For turbidity reported pursuant to R 325.10720 and R 325.11004, the table shall indicate the highest single measurement and the lowest monthly percentage of samples meeting the turbidity limits for the filtration technology being used. The report may include an explanation of the reasons for measuring turbidity.

(vi) For lead and copper, the table shall indicate the 90th percentile value of the most recent round of sampling and the number of sampling sites exceeding the action level.

(vii) For total coliform, the table shall indicate either of the following:

(A) The highest monthly number of positive samples for supplies collecting fewer than 40 samples per month.

(B) The highest monthly percentage of positive samples for supplies collecting not less than 40 samples per month.

(viii) For fecal coliform, the table shall indicate the total number of positive samples.

(ix) The table shall indicate the likely source or sources of detected contaminants to the best of the supply's knowledge. Specific information regarding contaminants may be available in sanitary surveys and source water assessments and the supply shall use the information when it is available. If the supply lacks specific information on the likely source, then the report shall include one or more of the typical sources for that contaminant listed in table 4.2 that are most applicable to the community supply.

TABLE 4.2

Regulated Contaminants

Key: AL=Action Level

MCL=Maximum Contaminant Level

MCLG=Maximum Contaminant Level Goal

MFL=million fibers per liter

mrem/year=millirems per year (a measure of radiation absorbed by the body)

NTU=Nephelometric Turbidity Units

pCi/l=picocuries per liter (a measure of radioactivity)

ppm=parts per million, or milligrams per liter (mg/l)

ppb=parts per billion, or micrograms per liter (µg/l)

ppt=parts per trillion, or nanograms per liter

ppq=parts per quadrillion, or picograms per liter

TT=Treatment Technique

| Contaminant (Units) | MCL G | MCL | Major Sources in Drinking Water | Health Effects Language |
|-------------------------------------|----------|---|---|--|
| Microbiological Contaminants | | | | |
| 1. Total coliform bacteria | 0 | (Supplies that collect 40 or more samples per month) 5% of monthly samples are positive; (Supplies that collect fewer than 40 samples per month) 1 positive monthly sample. | Naturally present in the environment. | Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems. |
| 2. Fecal coliform and E. coli | 0 | A routine sample and a repeat sample are total coliform positive, and 1 is also fecal coliform or E. coli positive. | Human and animal fecal waste. | Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, and people with severely compromised immune systems. |
| 3. Turbidity | n/a | TT | Soil runoff. | Turbidity has no health effects. However, turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea, and associated headaches. |
| Radioactive Contaminants | | | | |
| 4. Beta/photon emitters (mrem/yr) | 0 | 4 | Decay of natural and man-made deposits. | Certain minerals are radioactive and may emit forms of radiation known as photons and beta radiation. Some people who drink water containing beta and photon emitters in excess of the MCL over many years may have an increased risk of getting cancer. |
| 5. Alpha emitters (pCi/l) | 0 | 15 | Erosion of natural | Certain minerals are radioactive and may |

| Contaminant (Units) | MCL G | MCL | Major Sources in Drinking Water | Health Effects Language |
|-------------------------------|----------|-----|--|---|
| | | | deposits. | emit a form of radiation known as alpha radiation. Some people who drink water containing alpha emitters in excess of the MCL over many years may have an increased risk of getting cancer. |
| 6. Combined radium (pCi/l) | 0 | 5 | Erosion of natural deposits. | Some people who drink water containing radium 226 or 228 in excess of the MCL over many years may have an increased risk of getting cancer. |
| Inorganic Contaminants | | | | |
| 7. Antimony (ppb) | 6 | 6 | Discharge from petroleum refineries; fire retardants; ceramics; electronics; solder. | Some people who drink water containing antimony well in excess of the MCL over many years could experience increases in blood cholesterol and decreases in blood sugar. |
| 8. Arsenic (ppb) | n/a | 50 | Erosion of natural deposits; runoff from orchards; runoff from glass and electronics production wastes. | Some people who drink water containing arsenic in excess of the MCL over many years could experience skin damage or problems with their circulatory system, and may have an increased risk of getting cancer. |
| 9. Asbestos (MFL) | 7 | 7 | Decay of asbestos cement water mains; erosion of natural deposits. | Some people who drink water containing asbestos in excess of the MCL over many years may have an increased risk of developing benign intestinal polyps. |
| 10. Barium (ppm) | 2 | 2 | Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits. | Some people who drink water containing barium in excess of the MCL over many years could experience an increase in their blood pressure. |
| 11. Beryllium (ppb) | 4 | 4 | Discharge from metal refineries and coal-burning factories; discharge from electrical, aerospace, and defense industries. | Some people who drink water containing beryllium well in excess of the MCL over many years could develop intestinal lesions. |
| 12. Cadmium (ppb) | 5 | 5 | Corrosion of galvanized pipes; erosion of natural deposits; discharge from metal refineries; runoff from waste batteries and paints. | Some people who drink water containing cadmium in excess of the MCL over many years could experience kidney damage. |
| 13. Chromium (ppb) | 100 | 100 | Discharge from steel and pulp mills; erosion of natural deposits. | Some people who use water containing chromium well in excess of the MCL over many years could experience allergic dermatitis. |

| Contaminant (Units) | MCL G | MCL | Major Sources in Drinking Water | Health Effects Language |
|---------------------------------|------------------|------------|---|--|
| 14. Copper (ppm) | 1.3 | AL=1.3 | Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives. | Copper is an essential nutrient, but some people who drink water containing copper in excess of the action level over a relatively short amount of time could experience gastrointestinal distress. Some people who drink water containing copper in excess of the action level over many years could suffer liver or kidney damage. People with Wilson's Disease are encouraged to consult their personal doctor. |
| 15. Cyanide (ppb) | 200 | 200 | Discharge from steel/metal factories; discharge from plastic and fertilizer factories. | Some people who drink water containing cyanide well in excess of the MCL over many years could experience nerve damage or problems with their thyroid. |
| 16. Fluoride (ppm) | 4 | 4 | Erosion of natural deposits; water additive that promotes strong teeth; discharge from fertilizer and aluminum factories. | Some people who drink water containing fluoride in excess of the MCL over many years could get bone disease, including pain and tenderness of the bones. Children may get mottled teeth. |
| 17. Lead (ppb) | 0 | AL=15 | Corrosion of household plumbing systems; erosion of natural deposits. | Infants and children who drink water containing lead in excess of the action level could experience delays in their physical or mental development. Children could show slight deficits in attention span and learning abilities. Adults who drink this water over many years could develop kidney problems or high blood pressure. |
| 18. Mercury [inorganic] (ppb) | 2 | 2 | Erosion of natural deposits; discharge from refineries and factories; runoff from landfills; runoff from cropland. | Some people who drink water containing inorganic mercury well in excess of the MCL over many years could experience kidney damage. |
| 19. Nitrate [as Nitrogen] (ppm) | 10 | 10 | Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits. | Infants below the age of six months who drink water containing nitrate in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue-baby syndrome. |
| 20. Nitrite [as Nitrogen] (ppm) | 1 | 1 | Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits. | Infants below the age of six months who drink water containing nitrite in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue-baby syndrome. |

| Contaminant (Units) | MCL G | MCL | Major Sources in Drinking Water | Health Effects Language |
|---|------------------|------------|---|---|
| 21. Selenium (ppb) | 50 | 50 | Discharge from petroleum and metal refineries; erosion of natural deposits; discharge from mines. | Selenium is an essential nutrient. However, some people who drink water containing selenium in excess of the MCL over many years could experience hair or fingernail losses, numbness in fingers or toes, or problems with their circulation. |
| 22. Thallium (ppb) | 0.5 | 2 | Leaching from ore-processing sites; discharge from electronics, glass, and drug factories. | Some people who drink water containing thallium in excess of the MCL over many years could experience hair loss, changes in their blood, or problems with their kidneys, intestines, or liver. |
| Synthetic Organic Contaminants including Pesticides and Herbicides | | | | |
| 23. 2,4-D (ppb) | 70 | 70 | Runoff from herbicide used on row crops. | Some people who drink water containing the weed killer 2,4-D well in excess of the MCL over many years could experience problems with their kidneys, liver, or adrenal glands. |
| 24. 2,4,5-TP [Silvex] (ppb) | 50 | 50 | Residue of banned herbicide. | Some people who drink water containing silvex in excess of the MCL over many years could experience liver problems. |
| 25. Acrylamide | 0 | TT | Added to water during sewage/ wastewater treatment. | Some people who drink water containing high levels of acrylamide over a long period of time could have problems with their nervous system or blood, and may have an increased risk of getting cancer. |
| 26. Alachlor (ppb) | 0 | 2 | Runoff from herbicide used on row crops. | Some people who drink water containing alachlor in excess of the MCL over many years could have problems with their eyes, liver, kidneys, or spleen, or experience anemia, and may have an increased risk of getting cancer. |
| 27. Atrazine (ppb) | 3 | 3 | Runoff from herbicide used on row crops. | Some people who drink water containing atrazine well in excess of the MCL over many years could experience problems with their cardiovascular system or reproductive difficulties. |
| 28. Benzo(a)pyrene [PAH] (nanograms/l) | 0 | 200 | Leaching from linings of water storage tanks and distribution lines. | Some people who drink water containing benzo(a)pyrene in excess of the MCL over many years may experience reproductive difficulties and may have an increased risk of getting cancer. |
| 29. Carbofuran (ppb) | 40 | 40 | Leaching of soil fumigant used on rice and alfalfa. | Some people who drink water containing carbofuran in excess of the MCL over many years could experience problems with their blood, or nervous or reproductive systems. |
| 30. Chlordane (ppb) | 0 | 2 | Residue of banned termiticide. | Some people who drink water containing chlordane in excess of the MCL over many years could experience problems with their liver or nervous system, and may have an increased risk of getting cancer. |
| 31. Dalapon (ppb) | 200 | 200 | Runoff from herbicide used on rights of way. | Some people who drink water containing dalapon well in excess of the MCL over many years could experience minor kidney changes. |
| 32. Di(2-ethylhexyl) | 400 | 400 | Discharge from | Some people who drink water containing |

2001 MR 9

| Contaminant (Units) | MCL G | MCL | Major Sources in Drinking Water | Health Effects Language |
|---------------------------------------|------------------|------------|--|--|
| adipate (ppb) | | | chemical factories. | di (2-ethylhexyl) adipate well in excess of the MCL over many years could experience general toxic effects or reproductive difficulties. |
| 33. Di(2-ethylhexyl) phthalate (ppb) | 0 | 6 | Discharge from rubber and chemical factories. | Some people who drink water containing di (2-ethylhexyl) phthalate in excess of the MCL over many years may have problems with their liver, or experience reproductive difficulties, and may have an increased risk of getting cancer. |
| 34. Dibromochloropropane (DBCP) (ppt) | 0 | 200 | Runoff/ leaching from soil fumigant used on soybeans, cotton, pineapples, and orchards. | Some people who drink water containing DBCP in excess of the MCL over many years could experience reproductive difficulties and may have an increased risk of getting cancer. |
| 35. Dinoseb (ppb) | 7 | 7 | Runoff from herbicide used on soybeans and vegetables. | Some people who drink water containing dinoseb well in excess of the MCL over many years could experience reproductive difficulties. |
| 36. Diquat (ppb) | 20 | 20 | Runoff from herbicide use. | Some people who drink water containing diquat in excess of the MCL over many years could get cataracts. |
| 37. Dioxin [2,3,7,8-TCDD] (ppq) | 0 | 30 | Emissions from waste incineration and other combustion; discharge from chemical factories. | Some people who drink water containing dioxin in excess of the MCL over many years could experience reproductive difficulties and may have an increased risk of getting cancer. |
| 38. Endothall (ppb) | 100 | 100 | Runoff from herbicide use. | Some people who drink water containing endothall in excess of the MCL over many years could experience problems with their stomach or intestines. |
| 39. Endrin (ppb) | 2 | 2 | Residue of banned insecticide. | Some people who drink water containing endrin in excess of the MCL over many years could experience liver problems. |
| 40. Epichlorohydrin | 0 | TT | Discharge from industrial chemical factories; an impurity of some water treatment chemicals. | Some people who drink water containing high levels of epichlorohydrin over a long period of time could experience stomach problems, and may have an increased risk of getting cancer. |
| 41. Ethylene dibromide (ppt) | 0 | 50 | Discharge from petroleum refineries. | Some people who drink water containing ethylene dibromide in excess of the MCL over many years could experience problems with their liver, stomach, reproductive system, or kidneys, and may have an increased risk of getting cancer. |
| 42. Glyphosate (ppb) | 700 | 700 | Runoff from herbicide use. | Some people who drink water containing glyphosate in excess of the MCL over many years could experience problems with their kidneys or reproductive difficulties. |
| 43. Heptachlor (ppt) | 0 | 400 | Residue of banned pesticide. | Some people who drink water containing heptachlor in excess of the MCL over |

| Contaminant (Units) | MCL G | MCL | Major Sources in Drinking Water | Health Effects Language |
|--|------------------|------------|---|---|
| | | | | many years could experience liver damage and may have an increased risk of getting cancer. |
| 44. Heptachlor epoxide (ppt) | 0 | 200 | Breakdown of heptachlor. | Some people who drink water containing heptachlor epoxide in excess of the MCL over many years could experience liver damage and may have an increased risk of getting cancer. |
| 45. Hexachlorobenzene (ppb) | 0 | 1 | Discharge from metal refineries and agricultural chemical factories. | Some people who drink water containing hexachlorobenzene in excess of the MCL over many years could experience problems with their liver or kidneys, or adverse reproductive effects, and may have an increased risk of getting cancer. |
| 46. Hexachlorocyclopentadiene (ppb) | 50 | 50 | Discharge from chemical factories. | Some people who drink water containing hexachlorocyclopentadiene well in excess of the MCL over many years could experience problems with their kidneys or stomach. |
| 47. Lindane (ppt) | 200 | 200 | Runoff/ leaching from insecticide used on cattle, lumber, gardens. | Some people who drink water containing lindane in excess of the MCL over many years could experience problems with their kidneys or liver. |
| 48. Methoxychlor (ppb) | 40 | 40 | Runoff/ leaching from insecticide used on fruits, vegetables alfalfa, livestock | Some people who drink water containing methoxychlor in excess of the MCL over many years could experience reproductive difficulties. |
| 49. Oxamyl [Vydate] (ppb) | 200 | 200 | Runoff/ leaching from insecticide used on apples, potatoes, and tomatoes. | Some people who drink water containing oxamyl in excess of the MCL over many years could experience slight nervous system effects. |
| 50. PCBs [Polychlorinated biphenyls] (ppt) | 0 | 500 | Runoff from landfills; discharge of waste chemicals. | Some people who drink water containing PCBs in excess of the MCL over many years could experience changes in their skin, problems with their thymus gland, immune deficiencies, or reproductive or nervous system difficulties, and may have an increased risk of getting cancer. |
| 51. Pentachlorophenol (ppb) | 0 | 1 | Discharge from wood preserving factories. | Some people who drink water containing pentachlorophenol in excess of the MCL over many years could experience problems with their liver or kidneys, and may have an increased risk of getting cancer. |
| 52. Picloram (ppb) | 500 | 500 | Herbicide runoff. | Some people who drink water containing picloram in excess of the MCL over many years could experience problems with their liver. |
| 53. Simazine (ppb) | 4 | 4 | Herbicide runoff. | Some people who drink water containing simazine in excess of the MCL over many years could experience problems with their blood. |
| 54. Toxaphene (ppb) | 0 | 3 | Runoff/ | Some people who drink water containing |

| Contaminant (Units) | MCL G | MCL | Major Sources in Drinking Water | Health Effects Language |
|--------------------------------------|----------|-----|--|---|
| | | | leaching from insecticide used on cotton and cattle. | toxaphene in excess of the MCL over many years could experience problems with their kidneys, liver, or thyroid, and may have an increased risk of getting cancer. |
| Volatile organic compounds | | | | |
| 55. Benzene (ppb) | 0 | 5 | Discharge from factories; leaching from gas storage tanks and landfills. | Some people who drink water containing benzene in excess of the MCL over many years could experience anemia or a decrease in blood platelets, and may have an increased risk of getting cancer. |
| 56. Carbon tetrachloride (ppb) | 0 | 5 | Discharge from chemical plants and other industrial activities. | Some people who drink water containing carbon tetrachloride in excess of the MCL over many years could experience problems with their liver and may have an increased risk of getting cancer. |
| 57. Chlorobenzene (ppb) | 100 | 100 | Discharge from chemical and agricultural chemical factories. | Some people who drink water containing chlorobenzene in excess of the MCL over many years could experience problems with their liver or kidneys. |
| 58. o-Dichlorobenzene (ppb) | 600 | 600 | Discharge from industrial chemical factories. | Some people who drink water containing o-dichlorobenzene well in excess of the MCL over many years could experience problems with their liver, kidneys, or circulatory systems. |
| 59. p-Dichlorobenzene (ppb) | 75 | 75 | Discharge from industrial chemical factories. | Some people who drink water containing p-dichlorobenzene in excess of the MCL over many years could experience anemia, damage to their liver, kidneys, or spleen, or changes in their blood. |
| 60. 1,2-Dichloroethane (ppb) | 0 | 5 | Discharge from industrial chemical factories. | Some people who drink water containing 1,2-dichloroethane in excess of the MCL over many years may have an increased risk of getting cancer. |
| 61. 1,1-Dichloroethylene (ppb) | 7 | 7 | Discharge from industrial chemical factories. | Some people who drink water containing 1,1-dichloroethylene in excess of the MCL over many years could experience problems with their liver. |
| 62. cis-1,2-Dichloroethylene (ppb) | 70 | 70 | Discharge from industrial chemical factories. | Some people who drink water containing cis-1,2-dichloroethylene in excess of the MCL over many years could experience problems with their liver. |
| 63. trans-1,2-Dichloroethylene (ppb) | 100 | 100 | Discharge from industrial chemical factories. | Some people who drink water containing trans-1,2-dichloroethylene well in excess of the MCL over many years could experience problems with their liver. |
| 64. Dichloromethane (ppb) | 0 | 5 | Discharge from pharmaceutical and chemical factories. | Some people who drink water containing dichloromethane in excess of the MCL over many years could have liver problems and may have an increased risk of getting cancer. |
| 65. 1,2-Dichloropropane (ppb) | 0 | 5 | Discharge from industrial chemical factories. | Some people who drink water containing 1,2-dichloropropane in excess of the MCL over many years may have an increased |

| Contaminant (Units) | MCL G | MCL | Major Sources in Drinking Water | Health Effects Language |
|---|------------------|------------|--|--|
| | | | | risk of getting cancer. |
| 66. Ethylbenzene (ppb) | 700 | 700 | Discharge from petroleum refineries. | Some people who drink water containing ethylbenzene well in excess of the MCL over many years could experience problems with their liver or kidneys. |
| 67. Styrene (ppb) | 100 | 100 | Discharge from rubber and plastic factories; leaching from landfills. | Some people who drink water containing styrene well in excess of the MCL over many years could experience problems with their liver, kidneys, or circulatory system. |
| 68. Tetrachloroethylene (ppb) | 0 | 5 | Discharge from factories and dry cleaners. | Some people who drink water containing tetrachloroethylene in excess of the MCL over many years could have problems with their liver, and may have an increased risk of getting cancer. |
| 69. 1,2,4-Trichlorobenzene (ppb) | 70 | 70 | Discharge from textile-finishing factories. | Some people who drink water containing 1,2,4-trichlorobenzene well in excess of the MCL over many years could experience changes in their adrenal glands. |
| 70. 1,1,1-Trichloroethane (ppb) | 200 | 200 | Discharge from metal degreasing sites and other factories. | Some people who drink water containing 1,1,1-trichloroethane in excess of the MCL over many years could experience problems with their liver, nervous system, or circulatory system. |
| 71. 1,1,2-Trichloroethane (ppb) | 3 | 5 | Discharge from industrial chemical factories. | Some people who drink water containing 1,1,2-trichloroethane well in excess of the MCL over many years could experience problems with their liver, kidneys, or immune systems. |
| 72. Trichloroethylene (ppb) | 0 | 5 | Discharge from metal degreasing sites and other factories. | Some people who drink water containing trichloroethylene in excess of the MCL over many years could experience problems with their liver and may have an increased risk of getting cancer. |
| 73. TTHMS [Total trihalomethanes] (ppb) | n/a | 100 | By-product of drinking water chlorination. | Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous systems, and may have an increased risk of getting cancer. |
| 74. Toluene (ppb) | 1 | 1 | Discharge by petroleum factories. | Some people who drink water containing toluene well in excess of the MCL over many years could experience problems with their nervous system, kidneys, or liver. |
| 75. Vinyl Chloride (ppb) | 0 | 2 | Leaching from PVC piping; discharge from plastics factories. | Some people who drink water containing vinyl chloride in excess of the MCL over many years may have an increased risk of getting cancer. |
| 76. Xylenes (ppm) | 10 | 10 | Discharge from petroleum factories; discharge from chemical factories. | Some people who drink water containing xylenes in excess of the MCL over many years could experience damage to their nervous system. |

(e) If a community supply distributes water to its customers from multiple hydraulically independent distribution systems that are fed by different raw water sources, then the table may contain a separate column for each service area and the report may identify each separate distribution supply. Alternatively, supplies may produce separate reports tailored to include data for each service area.

(f) The table or tables shall clearly identify any data indicating violations of MCLs or treatment techniques and the report shall contain a clear and readily understandable explanation of the violation including the length of the violation, the potential adverse health effects, and actions taken by the supply to address the violation. The supply shall use the relevant language in table 4.2 to describe the potential health effects.

(g) For detected unregulated contaminants for which monitoring is required, except *Cryptosporidium*, the table or tables shall contain the average and range at which the contaminant was detected. The report may include a brief explanation of the reasons for monitoring for unregulated contaminants.

(8) The following information shall be included on *Cryptosporidium*, radon, and other contaminants:

(a) If the supply has performed any monitoring for *Cryptosporidium*, including monitoring performed to satisfy the requirements of 40 C.F.R. part 141, §141.143, which indicates that *Cryptosporidium* may be present in the source water or the finished water, the report shall include both of the following:

- (i) A summary of the results of the monitoring.
- (ii) An explanation of the significance of the results.

(b) If the supply has performed any monitoring for radon which indicates that radon may be present in the finished water, then the report shall include both of the following:

- (i) The results of the monitoring.
- (ii) An explanation of the significance of the results.

(c) If the supply has performed additional monitoring which indicates the presence of other contaminants in the finished water, then the supply is encouraged to report any results that may indicate a health concern. To determine if results may indicate a health concern, the supply may determine if EPA has proposed an NPDWR or issued a health advisory for that contaminant by calling the Safe Drinking Water Hotline (800-426-4791). EPA considers detects above a proposed MCL or health advisory level to indicate possible health concerns. For such contaminants, the report may include both of the following:

- (i) The results of the monitoring.
- (ii) An explanation of the significance of the results noting the existence of a health advisory or a proposed regulation.

(9) For compliance with NPDWR, in addition to the requirements of subrule (7)(f) of this rule, the report shall note any violation that occurred during the year covered by the report for all of the following requirements and include a clear and readily understandable explanation of the violation, any potential adverse health effects, and the steps the supply has taken to correct the violation:

- (a) Monitoring and reporting of compliance data.
- (b) For filtration and disinfection prescribed by 40 C.F.R. part 141, subpart H, supplies which have failed to install adequate filtration or disinfection equipment or processes, or have had a failure of such equipment or processes which constitutes a violation shall

include the following language as part of the explanation of potential adverse health effects in the report: “Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.”

(c) For lead and copper control requirements prescribed by 40 C.F.R. part 141, subpart I, supplies which fail to take one or more actions prescribed by R 325.10604f(1)(d), R 325.10604f(2), R 325.10604f(3), R 325.10604f(4), or R 325.10604f(5) shall include the applicable language of table 4.2 for lead, copper, or both, in the report.

(d) For treatment techniques for acrylamide and epichlorohydrin prescribed by R 325.10604e, supplies that violate the requirements of R 325.10604e shall include the relevant language from table 4.2 in the report.

(e) Recordkeeping of compliance data.

(f) Special monitoring requirements prescribed by R 325.10717b.

(g) Violation of the terms of a variance, an exemption, or an administrative or judicial order.

(10) For variances and exemptions, if a supply is operating under the terms of a variance or an exemption issued under section 20 of the act, then the report shall contain all of the following information:

(a) An explanation of the reasons for the variance or exemption.

(b) The date on which the variance or exemption was issued.

(c) A brief status report on the steps the supply is taking to install treatment, find alternative sources of water, or otherwise comply with the terms and schedules of the variance or exemption.

(d) A notice of any opportunity for public input in the review, or renewal, of the variance or exemption.

(11) The report shall include the following additional information:

(a) A brief explanation regarding contaminants which may reasonably be expected to be found in drinking water including bottled water. The explanation may include the language of subdivision (a)(i) through (iii) of this subrule or supplies may use their own comparable language. The report also shall include the language of subdivision (a)(iv) of this subrule.

(i) The sources of drinking water, both tap water and bottled water, including rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

(ii) Contaminants that may be present in source water include the following:

(A) Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

(B) Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.

(C) Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.

(D) Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.

(E) Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.

(iii) In order to ensure that tap water is safe to drink, EPA prescribes regulations that limit the amount of certain contaminants in water provided by public water supplies. FDA regulations establish limits for contaminants in bottled water that shall provide the same protection for public health.

(iv) Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the United States Environmental Protection Agency's Safe Drinking Water Hotline (800-426-4791).

(b) The report shall include the telephone number of the owner, operator, or designee of the community supply as a source of additional information concerning the report.

(c) In communities with greater than 10% non-English speaking residents, the report shall contain information in the appropriate language or languages regarding the importance of the report or the report shall contain a telephone number or address where residents may contact the supply to obtain a translated copy of the report or assistance in the appropriate language.

(d) The report shall include information about opportunities for public participation in decisions by the supplies that may affect the quality of the water; for example, time and place of regularly scheduled board meetings.

(e) The supply may include such additional information as it determines necessary for public education consistent with, and not detracting from, the purpose of the report.

R 325.10414 Annual consumer confidence reporting; required additional health information.

Rule 414.(1) All reports shall prominently display the following language: "Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people may seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Drinking Water Hotline (800-426-4791)."

(2) A supply that detects arsenic at levels above 25 µg/l, but below the MCL shall do either of the following:

(a) Include in its report a short informational statement about arsenic, using language, such as, "EPA is reviewing the current drinking water standard of 50 µg/l (50 ppb) for arsenic. A recent study conducted by the national academy of sciences suggests that the current standard may not be stringent enough. Arsenic contamination can be caused by erosion of natural deposits, runoff from orchards and runoff from glass and electronics

production wastes. Arsenic is a naturally occurring mineral known to cause cancer in humans at high concentrations.”

(b) Write its own educational statement, but only in consultation with the department.

(3) A supply that detects nitrate at levels above 5 mg/l, but below the MCL shall do either of the following:

(a) Include a short informational statement about the impacts of nitrate on children using language, such as, “Nitrate in drinking water at levels above 10 ppm is a health risk for infants of less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity. If you are caring for an infant, you are encouraged to ask advice from your health care provider.”

(b) Write its own educational statement, but only in consultation with the department.

(4) Supplies that detect lead above the action level in more than 5%, and up to and including 10%, of homes sampled shall do either of the following:

(a) Include a short informational statement about the special impact of lead on children using language, such as, “Infants and young children are typically more vulnerable to lead in drinking water than the general population. It is possible that lead levels at your home may be higher than at other homes in the community as a result of materials used in your home’s plumbing. If you are concerned about elevated lead levels in your home’s water, you may wish to have your water tested and flush your tap for 30 seconds to 2 minutes before using tap water. Additional information is available from the Safe Drinking Water Hotline (800-426-4791).”

(b) Write its own educational statement, but only in consultation with the department.

(5) Community water supplies that detect total trihalomethanes above 0.080 mg/l, but below the MCL in R 325.10604a, as an annual average, monitored and calculated under the provisions of R 325.10719a, R325.10719b, and R325.10719c, shall include health effects language prescribed by table 4.2.

R 325.10415 Annual consumer confidence reporting; report delivery and recordkeeping.

Rule 415. (1) Except as provided in subrule (7) of this rule, each community supply shall mail or otherwise directly deliver one copy of the report to each customer.

(2) The supply shall make a good faith effort to reach consumers who do not get water bills, using means recommended by the department. The department expects that an adequate good faith effort will be tailored to the consumers who are served by the supply but are not bill-paying customers such as renters or workers. A good faith effort to reach consumers may include, but not be limited to, a mix of any of the following methods appropriate to the particular supply:

(a) Posting the report on the Internet.

(b) Mailing to postal patrons in metropolitan areas.

(c) Advertising the availability of the report in the news media.

(d) Publication in a local newspaper.

(e) Posting in public places such as cafeterias or lunch rooms of public buildings.

(f) Delivery of multiple copies for distribution by single-biller customers such as apartment buildings or large private employers.

(g) Delivery to community organizations.

(3) Not later than the date the supply is required to distribute the report to its customers, each community supply shall mail a copy of the report to the department, followed within 3 months by a certification that the report has been distributed to customers, and that the information is correct and consistent with the compliance monitoring data previously submitted to the department.

(4) Not later than the date the supply is required to distribute the report to its customers, each community supply shall deliver the report to the local health department with jurisdiction in the county in which the supply is located. If the supply's service area is located in more than one county, then the report shall be delivered to all appropriate local health departments. In addition, each community supply shall deliver the report to any other agency or clearinghouse identified in writing by the department.

(5) Each community supply shall make its report available to the public upon request.

(6) Each community supply serving 100,000 or more persons shall post its current year's report to a publicly accessible site on the Internet.

(7) The governor or his or her designee, for the purposes of waiving the mailing requirement, may waive the requirement of subrule (1) of this rule for community water supplies serving fewer than 10,000 persons.

(a) Supplies serving fewer than 10,000 persons that elect to use the waiver shall do all the following:

(i) Publish the report in one or more local newspapers serving the area in which the supply is located.

(ii) Inform the customers that the report will not be mailed, either in the newspapers in which the report is published or by other means approved by the department.

(iii) Make the report available to the public upon request.

(b) Supplies serving 500 or fewer persons that elect to use the waiver may forego the requirements of subdivision (a)(i) and (ii) of this subrule if they provide notice at least once per year to their customers by mail, door-to-door delivery, or by posting in an appropriate location that the report is available upon request.

(8) Any supply subject to R 325.10411 to R 325.10415 shall retain copies of its consumer confidence report for not less than 5 years.

R 325.10416 Annual water quality reporting; child care centers and K-12 schools classified as nontransient noncommunity water supplies.

Rule 416.(1) R 325.10416 to R 325.10419 apply only to the following nontransient noncommunity water supplies:

(a) Child care centers classified as nontransient noncommunity water supplies.

(b) K-12 schools classified as nontransient noncommunity water supplies.

(2) R 325.10418 establishes the minimum requirements for the content of annual water quality reports that shall be available to consumers and to the parents or legal guardians of students or children less than 18 years of age.

R 325.10417 Annual water quality reporting; effective dates.

Rule 417. (1) Each existing nontransient noncommunity water supply that is also a child care center or K-12 school shall make available its first annual water quality report by October 1, 2001 and subsequent annual water quality reports by October 1 annually.

(2) A new nontransient noncommunity water supply that is also a child care center or K-12 school shall make available its first annual water quality report by October 1 of the year after its first full calendar year in operation and then by October 1 annually.

R 325.10418 Annual water quality reporting; content of reports.

Rule 418. (1) Each nontransient noncommunity water supply that is also a child care center or K-12 school shall prepare an annual water quality report that contains either a summary of compliance monitoring data for the previous calendar year or copies of the laboratory reports for all compliance monitoring performed in the previous calendar year.

(2) The first annual water quality report after completion of a source water assessment by the department shall include a notification that the source water assessment has been completed and that a copy of the source water assessment is available upon request.

R 325.10419 Annual water quality reporting; report delivery and recordkeeping.

Rule 419. (1) Each nontransient noncommunity water supply that is also a child care center or K-12 school shall post for at least 30 days a statement instructing interested parties that the annual water quality report is available upon request.

(2) Any supply subject to this rule shall retain copies of its annual water quality report and the notice of availability for not less than 5 years.

R 325.10420 Annual water quality reporting; contaminants for vulnerable subpopulation.

Rule 420. Pursuant to section 14 of the act, if any contaminants listed in table 4.3 are detected above a level of concern as indicated in table 4.3, then the consumer confidence report or the annual water quality report may include a description of the potential health effects and the vulnerable subpopulation that may be susceptible to the level of contaminant detected using the relevant language provided in table 4.2.

TABLE 4.3**Contaminants For Vulnerable Subpopulation Reporting**

| Contaminant | Susceptible Vulnerable Subpopulation | Level Of Concern |
|----------------------------|---|--|
| Fecal coliform/ E. coli | Infants, young children, and people with severely compromised immune systems. | Confirmed presence (any confirmed detect) |
| Copper | People with Wilson's disease. | 1.3 mg/l (ppm) |
| Fluoride | Children. | 4.0 mg/l (ppm) |
| Lead | Infants and children. | 15.0 µg/l (ppb) |
| Nitrate | Infants below the age of six months. | 10.0 mg/l (ppm) |
| Nitrite | Infants below the age of six months. | 1.0 mg/l (ppm) |

**PROPOSED ADMINISTRATIVE RULES,
NOTICES OF PUBLIC HEARINGS**

MCL 24.242(3) states in part:

“... the agency shall submit a copy of the notice of public hearing to the office of regulatory reform for publication in the Michigan register. An agency's notice shall be published in the Michigan register before the public hearing and the agency shall file a copy of the notice of public hearing with the office of regulatory reform.”

MCL 24.208 states in part:

“Sec. 8. (1) The office of regulatory reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(d) Proposed administrative rules.

(e) Notices of public hearings on proposed administrative rules.”

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES

DIRECTOR'S OFFICE

**OCCUPATIONAL HEALTH STANDARDS FOR GENERAL INDUSTRY
GENERAL WORKPLACE REQUIREMENTS**

Filed with the Secretary of State on
These rules take effect 7 days after filing with the Secretary of State

(By authority conferred on the director of the department of consumer and industry services by sections 14 and 24 of 1974 PA 154 and Executive Reorganization Orders Nos. 1996-1 and 1996-2, MCL 408.1014, 408.1024, 330.3101, and 445.2001)

R 325.47801, R 325.51004, and R 325.50902 are added to the Michigan Administrative code as follows:

ILLUMINATION

~~Rule 4101-General.~~ R 325.47801 ILLUMINATION LEVEL GENERALLY.

RULE 1. (1) AN EMPLOYER SHALL ENSURE THAT the level of illumination ~~shall~~ be IS adequate as determined by the director for the TASK BEING PERFORMED ~~performance of the task.~~ [R325.2424]

~~(2) For illumination of paint spray booths utilizing combustible materials see Rule 3235(4)(i).~~

~~(3) For illumination of temporary labor camps see Rule 4301.~~

(2) O.H. RULES 4102, 4103, 4104, AND 4105 ARE RESCINDED.

(3) THIS RULE REPLACES O.H. RULES 4101 TO 4105.

(4) R 325.51004 AND R 325.50902 REPLACE O.H. RULE 4106.

~~Rule 4102-Powered Industrial Trucks~~

~~(1) General requirements. This rule contains safety requirements relating to fire protection, design, maintenance, and use of fork trucks, tractors, platform lift trucks, motorized hand trucks, and other specialized industrial trucks powered by electric motors or internal combustion engines. This rule does not apply to compressed air or non-flammable compressed gas-operated industrial trucks, nor to farm vehicles, nor to vehicles intended primarily for earth moving or over-the-road hauling.~~ [1910.178(a)(1)]

~~(2) Lighting for operating areas.~~

~~(a) Controlled lighting of adequate intensity should be provided in operating areas. (See American National Standard Practice for Industrial Lighting, A11.1-1965 (R1970). [1910.178(h)(1)]~~

~~(b) Where general lighting is less than 2 lumens per square foot, auxiliary directional lighting shall be provided on the truck. [1910.178(h)(2)]~~

~~Rule 4103 Overhead and Gantry Cranes~~

~~(1) General requirements—Application. This rule applies to overhead and gantry cranes, including semigantry, cantilever gantry, wall cranes, storage bridge cranes, and others having the same fundamental characteristics. These cranes are grouped because they all have trolleys and similar travel characteristics. [1910.179(b)(1)]~~

~~(2) Definitions applicable to this rule:~~

~~(a) "Cantilever gantry crane" means a gantry or semigantry crane in which the bridge girders or trusses extend transversely beyond the crane runway on one or both sides. [1910.179(a)(4)]~~

~~(b) A "crane" is a machine for lifting and lowering a load and moving it horizontally, with the hoisting mechanism an integral part of the machine. Cranes whether fixed or mobile are driven manually or by power. [1910.179(a)(1)]~~

~~(c) "Gantry crane" means a crane similar to an overhead crane except that the bridge for carrying the trolley or trolleys is rigidly supported on two or more legs running on fixed rails or other runway. [1910.179(a)(6)]~~

~~(d) "Overhead crane" means a crane with a movable bridge carrying a movable or fixed hoisting mechanism and traveling on an overhead fixed runway structure. [1910.179(a)(8)]~~

~~(e) A "semigantry crane" is a gantry crane with one end of the bridge rigidly supported on one or more legs that run on a fixed rail or runway, the other end of the bridge being supported by a truck running on an elevated rail or runway. [1910.179(a)(12)]~~

~~(f) "Storage bridge crane" means a gantry type crane of long span usually used for bulk storage of material; the bridge girders or trusses are rigidly or nonrigidly supported on one or more legs. It may have one or more fixed or hinged cantilever ends. [1910.179(a)(13)]~~

~~(g) "Wall crane" means a crane having a jib with or without trolley and supported from a side wall or line of columns of a building. It is a traveling type and operates on a runway attached to the side wall or columns. [1910.179(a)(14)]~~

~~(3) Lighting. Light in the cab shall be sufficient to enable the operator to see clearly enough to perform his work. [1910.179(e)(4)]~~

~~(4) Additional safety requirements for overhead and gantry cranes are found in the MIOSHA Occupational Safety Standards for General Industry.~~

~~Rule 4104 Mechanical power transmission apparatus~~

~~(1) General requirements. This rule covers all types and shapes of power transmission belts, except the following when operating at two hundred and fifty (250) feet per minute or less [1910.219(a)]:~~

~~(a) Flat belts one (1) inch or less in width [1910.219(a)(1)(i)],~~

~~(b) Flat belts two (2) inches or less in width which are free from metal lacings or fasteners [1910.219(a)(1)(ii)],~~

- ~~(c) Round belts one half (1/2) inch or less in diameter [1910.219(a)(1)(iii)], and~~
- ~~(d) Single strand V-belts, the width of which is thirteen thirty seconds (13/32) inch or less. [1910.219(a)(1)(iv)]~~
- ~~(2) Power transmission apparatus located in basements. All mechanical power transmission apparatus located in basements, towers, and rooms used exclusively for power transmission equipment shall be guarded in accordance with this rule, except that the requirements for safeguarding belts, pulleys and shafting need not be complied with when the following requirements are met: [1910.219(c)(5)]~~
- ~~(a) The basement, tower, or room occupied by transmission equipment is locked against unauthorized entrance. [1910.219(c)(5)(i)]~~
- ~~(b) The vertical clearance in passageways between the floor and power transmission beams, ceiling, or any other objects, is not less than five feet six inches (5 ft. 6 in.) [1910.219(c)(5)(ii)]~~
- ~~(c) The intensity of illumination conforms to the requirements of ANSI A11.1-1965 (R-1970). [1910.219(c)(5)(iii)]~~
- ~~(d) The footing is dry, firm, and level. [1910.219(c)(5)(iv)]~~
- ~~(e) The route followed by the oiler is protected in such manner as to prevent accident. [1910.219(c)(5)(v)]~~

Rule 4105 Manlifts

- ~~(1) Definition. "Manlift" means a device consisting of a power driven endless belt moving in one direction only, and provided with steps or platforms and handholds attached to it for the transportation of personnel from floor to floor. [1910.68(a)(5)]~~
- ~~(2) General requirements.~~
 - ~~(a) Application. This rule applies to the construction, maintenance, inspection, and operation of manlifts in relation to accident hazards. Manlifts covered by this rule consist of platforms or brackets and accompanying handholds mounted on, or attached to an endless belt, operating vertically in one direction only and being supported by, and driven through pulleys, at the top and bottom. These manlifts are intended for conveyance of persons only. It is not intended that this rule cover moving stairways, elevators with enclosed platforms ("Paternoster" elevators), gravity lifts, nor conveyors used only for conveying material. This rule applies to manlifts used to carry only personnel trained and authorized by the employer in their use. [1910.68(b)(1)]~~
 - ~~(b) Purpose. The purpose of this rule is to provide reasonable safety for life and limb. [1910.68(b)(2)]~~
 - ~~(c) Lighting and landings. Adequate lighting, not less than 5 foot candles, shall be provided at each floor landing at all times when the lift is in operation. [1910.68(b)(6)(iii)]~~
- ~~(3) Illumination.~~
 - ~~(a) General. Both runs of the manlift shall be illuminated at all times when the lift is in operation. An intensity of not less than 1 foot candle shall be maintained at all points. (However, see paragraph (2)(c) of this rule for illumination requirements at landings.) [1910.68(b)(14)(i)]~~
 - ~~(b) Control of illumination. Lighting of manlift runways shall be by means of circuits permanently tied into the building circuits (no switches), or shall be controlled by switches~~

at each landing. ~~Where separate switches are provided at each landing, any switch shall turn on all lights necessary to illuminate the entire runway. [1910.68(b)(14)(ii)]~~

Rule 4106 R 325.51004 Illumination Standards for Special Industries SAWMILLS.

(1) ~~Pulp, paper and paperboard mills.~~

~~(a) This subsection applies to all pulp, paper and paperboard mills subject to Rule 5001.~~

~~(b) General. Establishments subject to this subsection shall comply with ANSI Standard Practice for Industrial Lighting A11.1-1965 (R-1970). [1910.261(a)(3)(i)]~~

~~(c) Handling and storage of pulpwood and pulp chips. Artificial illumination shall be provided when loading or unloading is performed after dark, in accordance with American National Standard A11.1-1965 (R-1970). [1910.261(c)(10)]~~

~~(d) Machine room illumination. Permanent lighting shall be installed in all areas where employees are required to make machine adjustments and sheet transfers in accordance with the American National Standard A11.1-1965 (R-1970). [1910.261(k)(21)]~~

~~(e) Emergency lighting. Emergency lighting shall be provided wherever it is necessary for employees to remain at their machines or stations to shut down equipment in case of power failure. Emergency lighting shall be provided at stairways and passageways or aiseways used by employees for emergency exit in case of power failure. Emergency lighting shall be provided in all plant first aid and medical facilities. [1910.261(b)(7)]~~

~~(2) Textile establishments.~~

~~All textile establishments subject to Rule 5002 shall conform to the following:~~

~~Lighting. Lighting shall conform to American National Standard A11.1-1965. [1910.262(c)(6)]~~

~~(3) Laundry machinery and operations.~~

~~(a) Employers subject to Rule 5004 shall comply with the provisions of the standards referenced in paragraph (b) of this subsection. In the event of any conflict between this paragraph and the MIOSHA Safety Standards for General Industry applicable to laundries, the requirements of such safety standards shall apply. [1910.264(f)(2)]~~

~~(b) Industrial lighting. American National Standard Practice for Industrial Lighting, ANSI A11.1-1965 (R-1970). [1910.264(f)(2)(i)]~~

~~(4) Sawmills.~~

RULE 1. (a) ALL OF the following standards PROVISIONS apply to sawmill operations subject to O.H. rule 5005.

(a) "BOOM" MEANS LOGS OR TIMBERS WHICH ARE FASTENED TOGETHER END TO END AND WHICH ARE USED TO CONTAIN FLOATING LOGS. THE TERM INCLUDES ENCLOSED LOGS.

~~(b) Building facilities and isolated equipment.~~

(b) WITH RESPECT TO BUILDING FACILITIES AND ISOLATED EQUIPMENT, BOTH OF THE FOLLOWING PROVISIONS APPLY FOR general lighting:

(A) (i) Adequacy. AN EMPLOYER SHALL ENSURE THAT illumination shall be IS provided and designed to supply adequate general and local lighting to rooms, buildings, and work areas during the time of WHEN IN use. [1910.265(c)(9)(i)]

~~(B) (ii) Effectiveness. Factors upon which~~ The adequacy and effectiveness of illumination will be DETERMINED ~~judged, include the following~~ USING ALL OF THE FOLLOWING FACTORS: ~~{1910.265(c)(9)(ii)}~~

~~(H) (A) The quantity of light in foot-candle intensity IS shall be~~ sufficient for the work being done. ~~{1910.265(c)(9)(ii)(a)}~~

~~(H) (B) The quality of the light shall be such that it is~~ free from glare, and has correct direction, diffusion, and distribution. ~~{1910.265(c)(9)(ii)(b)}~~

~~(HH) (C) Shadows and extreme contrasts shall be~~ ARE avoided or kept to a minimum. ~~{1910.265(c)(9)(ii)(c)}~~

~~(ii) (c) Work areas.~~ Work areas under mills shall be as evenly surfaced as local conditions permit. ~~They shall be free from~~ WORK AREAS UNDER MILLS SHALL NOT HAVE unnecessary obstructions and SHALL HAVE ~~provided with~~ lighting facilities in accordance with American national standard for industrial lighting A11.1-1965, WHICH IS ADOPTED BY REFERENCE IN THIS RULE. PRINTED COPIES OF ANSI A11.1-1965 ARE AVAILABLE FROM GLOBAL ENGINEERING DOCUMENTS, 15 INVERNESS WAY EAST, ENGLEWOOD, COLORADO 80112, TELEPHONE NUMBER 1-800-854-7179, WEBSITE: WWW.GLOBAL.IHS.COM, AT A COST AS OF THE TIME OF ADOPTION OF THESE RULES OF \$54.00 OR IS AVAILABLE FOR INSPECTION AT THE MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES, STANDARDS DIVISION, 7150 HARRIS DRIVE, P.O. BOX 30643, LANSING, MICHIGAN 48909. ~~{1910.265(c)(2)}~~

~~(iii) — Stairways.~~

~~Lighting.~~ (d) All stairways shall be adequately lighted as prescribed in paragraph SUBDIVISION (b)(i) of this SUBRULE ~~subsection~~. ~~{1910.265(c)(5)(iii)}~~

~~(iv) (e) Bins, bunkers, hoppers, and fuel houses.~~

~~Exits, lighting, and safety devices.~~ Fuel houses, BUNKERS, HOPPERS, and bins shall have adequate exits and lighting, and all necessary safety devices shall be provided and ~~shall be used by~~ persons entering these structures FUEL HOUSES, BUNKERS, HOPPERS, AND BINS SHALL USE THE SAFETY DEVICES. ~~{1910.265(c)(23)(iii)}~~

~~(e) — Log handling, sorting and storage.~~

~~(i) Boom.~~ The term “boom” means logs or timbers fastened together end to end and used to contain floating logs. The term includes enclosed logs. ~~{1910.265(b)(4)}~~

~~(ii) (f) Log dumps, booms, ponds, or storage areas used at night shall be illuminated in accordance with the requirements of American National Standard A11.1-1965 (R-1970) Standard Practice for Industrial Lighting, WHICH IS ADOPTED BY REFERENCE IN SUBDIVISION (c) OF THIS SUBRULE.~~ ~~{1910.265(d)(2)(i)(a)}~~

~~(5) Pulpwood logging~~

~~(a) The following standard applies to all operations subject to Rule 5006.~~

~~(b) Pulpwood harvesting.~~

~~When nightwork is necessary adequate lighting shall be provided on roads and trails.~~ ~~{1910.266(e)(15)(iv)}~~

R 325.50902 ILLUMINATION FOR PULPWOOD LOGGING.

RULE 1. THE FOLLOWING PROVISION APPLIES TO PULPWOOD LOGGING OPERATIONS SUBJECT TO O.H. RULE 5006.

(a) AN EMPLOYER SHALL ENSURE THAT ADEQUATE LIGHTING IS PROVIDED ON ROADS AND TRAILS IF NIGHT WORK IS NECESSARY FOR PULPWOOD HARVESTING.

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF TREASURY

BUREAU OF STATE LOTTERY

LOTTERY

Filed with the Secretary of State on _____.

These rules take effect 7 days after filing with the Secretary of State.

(By authority conferred on the commissioner of state lottery by section 11 of 1972 PA 239, MCL 432.11)

R 432.5, R 432.6, R 432.13, R 432.17, and R 432.37 of the Michigan Administrative Code are amended as follows:

~~PART 1. GENERAL PROVISIONS~~

R 432.5 License fee.

Rule 5. (1) The commissioner shall determine the fee for a license as an agent. The fee is payable at the time of license issuance. ~~The fee is intended to cover the cost of licensing.~~

(2) A license renewal fee may be charged annually in an amount determined by the commissioner. ~~The fee is intended to cover the cost of the licensing renewal operation.~~

(3) THESE FEES IN SUBRULES (2) AND (3) OF THIS RULE SHALL NOT EXCEED THE ACTUAL COST TO THE BUREAU.

R 432.6 Conditions of licensing.

Rule 6. Upon issuance of a license, the agent agrees that he or she shall do all of the following:

(a) ~~(1)~~ Be bound by and comply with the act, these rules, or instructions and directives of the commissioner or bureau.

(b) ~~(2)~~ Make tickets available for sale to the public during normal business hours.

(c) ~~(3)~~ Refrain from purchasing any winning ticket from its original purchaser or from subsequent purchasers.

(d) ~~(4)~~ Maintain authorized displays, notions, drop boxes, and other material used in conjunction with sales in accordance with instructions issued by the bureau.

(e) ~~(5)~~ Act in a fiduciary capacity with respect to all tickets accepted from the bureau or its authorized distributors until payment has been made.

(f) ~~(6)~~ Maintain current and accurate records of all operations in conjunction with sales in conformity with rules, instructions, and directives of the bureau. The agent shall make the records available to representatives of the bureau upon request for inspection and audit.

- (g)(7)–Ensure that a person under 18 years of age does not sell tickets or pay winning tickets.
- (h) Ensure that tickets will not be sold at any price greater than the price stated on the ticket.
- (i) Hold the bureau and the state harmless from any liability arising in connection with sales.
- (j) REMIT FUNDS DUE FOR LOTTERY SALES AND OTHER AMOUNTS OWING TO THE BUREAU AT THE TIME AND IN THE MANNER SPECIFIED BY THE BUREAU.

R 432.13 Sale; inspection; commission; bonus programs; depositories; tickets held in trust for the benefit of the bureau; disqualification of agent representative; direct ticket distribution to agents.

Rule 13. (1) An agent shall sell tickets only on the premises at the specific location named in the license or attachments to the license.

(2) An agent shall allow inspections of his or her premises at any time upon the reasonable request of authorized inspectors of the bureau. A bureau inspector may make an inspection without prior notice to the agent.

(3) An agent is entitled to a commission for tickets sold by him or her in an amount to be determined by the commissioner. The commissioner shall announce changes in the commission amount not less than 60 days before the effective date and shall include the changes in a ~~directive~~ WRITTEN COMMUNICATION issued to all agents.

(4) The commissioner shall ~~promulgate~~ PROVIDE details of any bonus program for agents in ~~directives, which shall be distributed~~ A WRITTEN COMMUNICATION ISSUED to all agents.

(5) An agent shall deposit, in a manner specified by the commissioner for collection by the state, all moneys received by the agent from the sale of tickets, less the amount retained as compensation. The agent shall file with the bureau, or its designated agents, reports of ticket sale receipts and transactions. The bureau shall specify the form of the reports and the information required. In preparing a report, an agent shall refer to directives and instructions to authorized agents made available by the bureau.

(6) Until such time as payment has been received by the bureau, all lottery tickets made available to an agent and any net ticket proceeds shall be deemed to be held in trust for the benefit of the bureau.

(7) The bureau may disqualify any person authorized by the licensed agent as the agent's representative.

(8) The bureau may distribute tickets directly to agents if, in the commissioner's opinion, it is necessary to maintain continued sales activity.

R 432.17 Ownership of lottery tickets.

Rule 17. (1) The owner of a valid lottery ticket that has been sold by a licensed agent is presumed to be owned by the person or entity whose name is entered on the claim form, notwithstanding that the name of another person or entity may appear on the ticket face or reverse side. Except as provided in subrule (2) of this rule, the bureau shall pay a prize to the person whose name is entered on the claim form or present the prize to a third party

who is authorized, in writing, as the claimant's representative. All liability of the bureau, the state, their employees and agents terminates upon payment.

(2) Upon receipt of information supported by proper evidence that another person is entitled to payment, or upon assertion that the ticket was not legally issued initially, the commissioner may withhold payment pending an investigation.

If the ownership of a winning lottery ticket is disputed and the results of the commissioner's investigation are inconclusive, then the commissioner may initiate an appropriate judicial proceeding to determine ownership.

(3) The claimant of a lottery prize may not assign or sell his or her right to any prize except as provided for by law. The commissioner shall develop policies, procedures, and fee schedules for the disposition of a claimant's rights to future payments.

~~(4) The holder of a winning ticket shall claim the prize within 1 year from the drawing date in which the number is entered or from the announced end of sales for an instant game.~~
THE PRIZE FOR A WINNING TICKET MUST BE CLAIMED BY THE EXPIRATION DATE PRINTED, OR AS DEFINED, ON THE TICKET.

~~PART 2. ON-LINE TERMINALS~~

R 432.37 Fees.

Rule 37 (1) The commissioner shall establish fees for all of the following:

- (a) The processing of applications.
- (b) Communications system installation or relocation.
- ~~(c) Failure to meet sales performance requirements.~~
- ~~(d)~~ (c) Failure of an agent to promptly settle for any game as required by bureau rules, contracts, directives, or written communications.
- ~~(e)~~ (d) Inactive license status.
- ~~(2) The commissioner shall establish fees based upon the following provisions:~~
 - ~~(a) The amount of the application fee shall be based upon the actual bureau costs of licensing.~~
 - ~~(b) The amount of the communications system installation or relocation fee shall be based upon the average cost to the bureau for all installations for the previous fiscal year.~~
 - ~~(c) The amount of the fee for failure of an agent to promptly settle for a game shall be based upon actual costs to the bureau, except that the fee shall not be less than \$50.00.~~
- (2) THE FEES IN SUBRULE (1) OF THIS RULE SHALL NOT EXCEED THE ACTUAL COST TO THE BUREAU FOR THE ACTION.
- (3) Agents whose average weekly game sales fall below the minimum sales performance requirements established under R 432.36 may be assessed a weekly low sales performance fee. The commissioner shall determine the amount of the fee assessed for failure to meet minimum sales performance requirements under R 432.36.
- ~~(e) The amount of the fee for an inactive license fee shall be based on actual costs to the bureau.~~

NOTICE OF PUBLIC HEARING

Bureau of State Lottery

Notice of Public Hearing

(ORR#2001-020TY)

The Michigan Bureau of State Lottery will conduct a public hearing at the following time and place to allow comment by interested persons on proposed changes to the rules for the Michigan Lottery.

The proposed amendments will change rules relating to lottery retailer fees and the payment of prizes. Copies of the proposed rules may be obtained from the Bureau of State Lottery – Executive Division, 101 E. Hillsdale, P.O. Box 30023, Lansing, MI 48909.

The public hearing in this matter is scheduled for:

Date: Friday, June 22, 2001

Time: 9:30 a. m.

Location: Conference Room A
Bureau of State Lottery
101 East Hillsdale
Lansing, Michigan

All interested persons are invited to testify at the public hearing and to present statements, views, questions and suggestions concerning the proposed rules. The public hearing will continue until all parties present have had a reasonable opportunity to present statements.

In addition, interested parties may submit written comments to the Bureau of State Lottery, 101 East Hillsdale, P.O. Box 30023, Lansing, MI 48909, no later than June 15, 2001. The Bureau of State Lottery asks that written comments refer to specific provisions of the proposed rules. Written comments or questions may also be directed to hoffmanm@state.mi.us.

Persons needing accommodations for effective participation in the meeting should contact Mark Hoffman, Bureau of State Lottery, Executive Division, at 517-335-5608 (voice) or 517-335-5645 (TTY) at least one week in advance.

**CERTIFICATE OF NEED
REVIEW STANDARDS**

MCL 24.208 states in part:

Sec. 8. The office of regulatory reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(k) All of the items in section 7(l) after final approval by the certificate of need commission or the statewide health coordinating council under section 22215 or 22217 of the public health code, 1978 PA 368, MCL 333.22215 and 333.2217.

MCL 24.207 states in part:

Sec. 7. "Rule" means an agency regulation, statement, standard, policy, ruling, or instruction of general applicability that implements or applies law enforced or administered by the agency, or that prescribes the organization, procedure, or practice of the agency, including the amendment, suspension, or rescission of the law enforced or administered by the agency. Rule does not include any of the following:

* * *

(l) All of the following, after final approval by the certificate of need commission or the statewide health coordinating council under section 22215 or 22217 of the public health code, 1978 PA 368, MCL 333.22215 and 333.22217:

(i) The designation, deletion, or revision of covered medical equipment and covered clinical services.

(ii) Certificate of need review standards

(iii) Data reporting requirements and criteria for determining health facility viability.

(iv) Standards used by the department of community health in designating a regional certificate of need review agency.

(v) The modification of the 100 licensed bed limitation for short-term nursing care programs set forth in section 22210 of the public health code, 1978 PA 368, MCL 333.22210.

CERTIFICATE OF NEED REVIEW STANDARDS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF NEED REVIEW STANDARDS FOR HOSPITAL BEDS

(By authority conferred on the Certificate of Need Commission by sections 22215 and 22217 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 333.22217, 24.207, and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability

Sec. 1. (1) These standards are requirements for approval and delivery of services for all projects approved and certificates of need issued under Part 222 of the Code that involve (a) increasing licensed beds in a hospital licensed under Part 215 or (b) physically relocating hospital beds from one licensed site to another geographic location or (c) replacing beds in a hospital or (d) acquiring a hospital or (e) beginning operation of a new hospital.

(2) A hospital licensed under Part 215 is a covered health facility for purposes of Part 222 of the Code.

(3) An increase in licensed hospital beds is a change in bed capacity for purposes of Part 222 of the Code.

(4) The physical relocation of hospital beds from a licensed site to another geographic location is a change in bed capacity for purposes of Part 222 of the Code.

(5) An increase in hospital beds certified for long-term care is a change in bed capacity for purposes of Part 222 of the Code and shall be subject to and reviewed under the Certificate of Need Review Standards for Long-Term-Care Services.

(6) The Department shall use sections 3, 4, 5, 6, 7, 9, and 14 of these standards and Section 2 of the Addendum for Projects for HIV Infected Individuals, as applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws.

(7) The Department shall use Section 8 of these standards and Section 3 of the Addendum for Projects for HIV Infected Individuals, as applicable, in applying Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

Section 2. Definitions

Sec. 2. (1) As used in these standards:

(a) "Acquiring a hospital" means the issuance of a new hospital license as the result of the acquisition (including purchase, lease, donation, or other comparable arrangements) of a hospital with a valid license and which does not involve a change in bed capacity.

(b) "Alcohol and substance abuse hospital," for purposes of these standards, means a licensed hospital within a long-term (acute) care hospital that exclusively provides

inpatient medical detoxification and medical stabilization and related outpatient services for persons who have a primary diagnosis of substance dependence covered by DRGs 433 - 437.

(c) "Base year" means the 1997 calendar year of MIDB data until otherwise changed by the Commission.

(d) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(e) "Department inventory of beds" means the current list maintained for each hospital subarea on a continuing basis by the Department of (i) licensed hospital beds and (ii) hospital beds approved by a valid certificate of need issued under either Part 221 or Part 222 of the Code that are not yet licensed. The term does not include hospital beds certified for long-term-care in hospital long-term care units.

(f) "Discharge relevance factor" (%R) means a mathematical computation where the numerator is the inpatient hospital discharges from a specific zip code for a specified hospital subarea and the denominator is the inpatient hospital discharges for any hospital from that same specific zip code.

(g) "Existing hospital beds" means, for a specific hospital subarea, the total of all of the following: (i) hospital beds licensed by the Department of Consumer & Industry Services; (ii) hospital beds with valid certificate of need approval but not yet licensed; (iii) proposed hospital beds under appeal from a final decision of the Department; and (iv) proposed hospital beds that are part of a completed application under Part 222 (other than the application under review) for which a proposed decision has been issued and which is pending final Department decision.

(h) "Health service area" means the groups of counties listed in section 15.

(i) "Hospital bed" means a bed within the licensed bed complement at a licensed site of a hospital licensed under Part 215 of the Code, excluding (i) hospital beds certified for long-term care as defined in Section 20106(6) of the Code and (ii) unlicensed newborn bassinets.

(j) "Hospital" means a hospital as defined in Section 20106(5) of the Code being Section 333.20106(5) of the Michigan Compiled Laws and licensed under Part 215 of the Code. The term does not include a hospital or hospital unit licensed or operated by the Department of Mental Health.

(k) "Hospital long-term-care unit" or "HLTCU" means a nursing care unit, owned or operated by and as part of a hospital, licensed by the Department of Consumer & Industry Services, and providing organized nursing care and medical treatment to 7 or more unrelated individuals suffering or recovering from illness, injury, or infirmity.

(l) "Hospital subarea" or "subarea" means a cluster or grouping of hospitals and the relevant portion of the state's population served by that cluster or grouping of hospitals. For purposes of these standards, hospital subareas and the hospitals assigned to each subarea are set forth in Appendix A.

(m) "Host hospital," for purposes of these standards, means an existing licensed hospital, which delicenss hospital beds, and which leases patient care space and other space within the physical plant of the host hospital, to allow a long-term (acute) care hospital, or alcohol and substance abuse hospital, to begin operation.

(n) "Licensed site" means either (i) in the case of a single site hospital, the location of the facility authorized by license and listed on that licensee's certificate of licensure or (ii) in the case of a hospital with multiple sites, the location of each separate and distinct inpatient unit of the health facility as authorized by license and listed on that licensee's certificate of licensure.

(o) "Long-term (acute) care hospital," for purposes of these standards, means a hospital has been approved to participate in the Title XVIII (Medicare) program as a prospective payment system (PPS) exempt hospital in accordance with 42 CFR Part 412.

(p) "Market forecast factors" (%N) means a mathematical computation where the numerator is the number of total inpatient discharges indicated by the market survey forecasts and the denominator is the base year MIDB discharges.

(q) "Michigan Inpatient Data Base" or "MIDB" means the data base compiled by the Michigan Health and Hospital Association or successor organization. The data base consists of inpatient discharge records from all Michigan hospitals and Michigan residents discharged from hospitals in border states for a specific calendar year.

(r) "New beds in a hospital" means hospital beds that meet at least one of the following: (i) are not currently licensed as hospital beds, (ii) are currently licensed hospital beds at a licensed site in one subarea which are proposed for relocation in a different subarea as determined by the Department pursuant to Section 3 of these standards, (iii) are currently licensed hospital beds at a licensed site in one subarea which are proposed for relocation to another geographic site which is in the same subarea as determined by the Department, but which are not in the replacement zone, or (iv) are currently licensed hospital beds that are proposed to be licensed as part of a new hospital in accordance with Section 6(2) of these standards.

(s) "New hospital" means one of the following: (i) the establishment of a new facility that shall be issued a new hospital license, (ii) for currently licensed beds, the establishment of a new licensed site that is not in the same hospital subarea as the currently licensed beds, (iii) currently licensed hospital beds at a licensed site in one subarea which are proposed for relocation to another geographic site which is in the same subarea as determined by the Department, but which are not in the replacement zone, or (iv) currently licensed hospital beds that are proposed to be licensed as part of a new hospital in accordance with section 6(2) of these standards.

(t) "Overbedded subarea" means a hospital subarea in which the total number of existing hospital beds in that subarea exceeds the subarea needed hospital bed supply as set forth in Appendix C.

(u) "Planning year" means the year in the future, established by the Certificate of Need Commission, for which hospital bed need is developed.

(v) "Relevance index" or "market share factor" (%Z) means a mathematical computation where the numerator is the number of inpatient hospital patient days provided by a specified hospital subarea from a specific zip code and the denominator is the total number of inpatient hospital patient days provided by all hospitals to that specific zip code using MIDB data.

(w) "Replacement beds in a hospital" means hospital beds that meet all of the following conditions; (i) an equal or greater number of hospital beds are currently licensed to the applicant at the licensed site at which the proposed replacement beds are currently

licensed; (ii) the hospital beds are proposed for replacement in new physical plant space being developed in new construction or in newly acquired space (purchase, lease, donation, etc.); and (iii) the hospital beds to be replaced will be located in the replacement zone.

(x) "Replacement zone" means a proposed licensed site that is (i) in the same subarea as the existing licensed site as determined by the Department in accord with Section 3 of these standards and (ii) on the same site, on a contiguous site, or on a site within 2 miles of the existing licensed site if the existing licensed site is located in a county with a population of 200,000 or more, or on a site within 5 miles of the existing licensed site if the existing licensed site is located in a county with a population of less than 200,000.

(y) "Rural county" means a county in Michigan that is not within a Consolidated Metropolitan Statistical Area (CMSA), Primary Metropolitan Statistical Area (PMSA), or Metropolitan Statistical Area (MSA) as defined by the U. S. Department of Commerce, Bureau of Census and as shown in Appendix B.

(z) "Utilization rate" or "use rate" means the number of days of inpatient care per 1,000 population during a one-year period.

(aa) "Zip code population" means the latest population ESTIMATES for the base year and projections for the planning year, by zip code.

(2) The definitions in Part 222 shall apply to these standards.

Section 3. Hospital subareas

Sec. 3. (1)(a) Each existing hospital is assigned to a hospital subarea as set forth in Appendix A which is incorporated as part of these standards.

(b) For an application involving a proposed new licensed site for a hospital (whether new or replacement), the proposed new licensed site shall be assigned to an existing hospital subarea utilizing a market survey conducted by the applicant and submitted with the application. The market survey shall provide, at a minimum, forecasts of the number of inpatient discharges for each zip code that the proposed new licensed site shall provide service. The forecasted numbers must be for the same year as the base year MIDB data. The market survey shall be completed by the applicant using accepted standard statistical methods. The market survey, if determined by the Department to be reasonable pursuant to Section 13, shall be used by the Department to assign the proposed new site to an existing subarea as follows:

(i) For the proposed new site, a market forecast factor for each of the zip codes identified in the application will be computed. Zip codes with a market forecast factor of less than .05 will be deleted from consideration.

(ii) The base year MIDB data will be used to compute discharge relevance factors (%Rs) for each hospital subarea for each of the zip codes identified in step (i) above. Hospital subareas with a %R of less than .05 for all zip codes identified in step (i) will be deleted from the computation.

(iii) For each of the zip codes identified in step (i), compare %Rs among subareas identified in step (ii). The hospital subarea with the largest %R will have the entire zip code assigned to that subarea.

(iv) The base year total zip code population allocations corresponding to the assignments in step (iii) to a specific hospital subarea are multiplied by the %N calculated in step (i) for that

zip code. The results of all multiplications within a hospital subarea are added together to obtain a subarea total.

(v) The hospital subarea with the largest total calculated in step (iv) shall have the proposed new licensed site assigned to that subarea.

(2) The Department shall amend Appendix A to reflect:

(a) approved new licensed site(s) assigned to a specific hospital subarea; (b) hospital closures; and (c) licensure action(s) as appropriate.

Section 4. Determination of the needed hospital bed supply

Sec. 4. (1) The determination of the needed hospital bed supply for a hospital subarea for a planning year shall be made using the MIDB and population estimates and projections by zip code in the following methodology:

(a) All hospital discharges for normal newborns (DRG 391) and psychiatric patients (ICD-9-CM codes 290 through 319 as a principal diagnosis) will be excluded.

(b) The statewide patient day use rates for ages 0 (excluding normal newborns) through 14 (pediatric), ages 15 through 64, ages 65 through 74, and 75 and older are calculated using the base year MIDB data.

(c) For each hospital subarea, calculate the relevance index (%Z) for each zip code and each age group used by the subarea.

(d) For each hospital subarea, multiply each zip code %Z calculated in (c) by its respective base year zip code and age group specific year population. The result will be the zip code allocations by age group for each subarea.

(e) For each hospital subarea, calculate the subarea base year population by age group by adding together all zip code population allocations calculated in (d) for each specific age group in that subarea. The result will be four population age groups for each zip code in the subarea.

(f) For each hospital subarea, calculate the patient day use rates for ages 0 (excluding normal newborns) through 14 (pediatric), ages 15 through 64, ages 65 through 74, and ages 75 and older by using results of the calculations in (e). Data from non-Michigan residents are to be included for each specific age group.

(g) For each hospital subarea, compare the use rates calculated in (c) with (b). For each age group, use the lesser of the statewide rate or the subarea specific rate.

(h) For each hospital subarea, multiply each zip code %Z calculated in (c) by its respective planning year zip code and age group specific year population. The results will be the projected zip code allocations by age group for each subarea.

(I) For each hospital subarea, calculate the subarea projected year population by age group by adding together all projected zip code population allocations calculated in (h) for each specific age group. The result will be four population age groups for each zip code in the subarea.

(J) For each hospital subarea, calculate the subarea projected patient days for each age group by multiplying the four projected populations by age group calculated in step (i) by the age specific use rates identified in step (g).

(K) For each hospital subarea, calculate the total subarea projected patient days by adding together each age group specific projected patient days calculated in (j).

(L) For each hospital subarea, calculate the subarea projected average daily census (ADC) by dividing the results calculated in (k) by 365 (or 366 if the planning year is a leap year).

(M) For each hospital subarea, select the appropriate subarea occupancy rate from the occupancy rate table in Appendix D.

(N) For each hospital subarea, calculate the subarea projected bed need number of hospital beds for the subarea by dividing the ADC calculated in (l) by the appropriate occupancy rate determined in (m). Round any part of a bed up to a whole bed.

Section 5. Bed Need

Sec. 5. (1) The bed-need numbers incorporated as part of these standards as Appendix C shall apply to projects subject to review under these standards, except where a specific certificate of need review standard states otherwise.

(2) The Commission may direct the Department to calculate the acute care bed need methodology in Section 4, within a specified time frame.

(3) The Commission shall designate the base year and the future planning year which shall be utilized in applying the methodology pursuant to subsection (2).

(4) When the Department is directed by the Commission to apply the methodology pursuant to subsection (2), the effective date of the bed-need numbers shall be established by the Commission.

(5) New bed-need numbers established by subsections (2) and (3) shall supersede the bed-need numbers shown in Appendix C and shall be included as an amended appendix to these standards.

Section 6. Requirements for approval -- new beds in a hospital

Sec. 6. (1) An applicant proposing new beds in a hospital, except an applicant meeting the requirements of subsection 2, shall demonstrate that it meets all of the following:

(a) The new beds in a hospital shall result in a hospital of at least 200 beds in a non-rural county or 50 beds in a rural county. This subsection may be waived by the Department if the Department determines, in its sole discretion, that a smaller hospital is necessary or appropriate to assure access to health-care services.

(b) The total number of existing hospital beds in the subarea to which the new beds will be assigned does not currently exceed the needed hospital bed supply as set forth in Appendix C. The Department shall determine the subarea to which the beds will be assigned in accord with Section 3 of these standards.

(c) Approval of the proposed new beds in a hospital shall not result in the total number of existing hospital beds, in the subarea to which the new beds will be assigned, exceeding the needed hospital bed supply as set forth in Appendix C. The Department shall determine the subarea to which the beds will be assigned in accord with Section 3 of these standards.

(2) An applicant proposing to begin operation as a new long-term (acute) care hospital or alcohol and substance abuse hospital within an existing licensed, host hospital shall demonstrate that it meets all of the requirements of this subsection:

(a) If the long-term (acute) care hospital applicant described in this subsection does not meet the Title XVIII requirements of the Social Security Act for exemption from PPS as a

long-term (acute) care hospital within 12 months after beginning operation, then it may apply for a six-month extension in accordance with R325.9403 of the certificate of need rules. If the applicant fails to meet the Title XVIII requirements for PPS exemption as a long-term (acute) care hospital within the 12 or 18-month period, then the certificate of need granted pursuant to this section shall expire automatically.

(b) The patient care space and other space to establish the new hospital is being obtained through a lease arrangement between the applicant and the host hospital. The initial, renewed, or any subsequent lease shall specify at least all of the following:

(i) That the host hospital shall delicense the same number of hospital beds proposed by the applicant for licensure in the new hospital.

(ii) That the proposed new beds shall be for use in space currently licensed as part of the host hospital.

(iii) That upon non-renewal and/or termination of the lease, upon termination of the license issued under Part 215 of the act to the applicant for the new hospital, or upon noncompliance with the project delivery requirements or any other applicable requirements of these standards, the beds licensed as part of the new hospital must be disposed of by one of the following means:

(A) Relicensure of the beds to the host hospital. The host hospital must obtain a certificate of need to acquire the "new" hospital;

(B) Delicensure of the hospital beds; or

(C) Acquisition by another entity that obtains a certificate of need to acquire the new hospital in its entirety and that entity must meet and shall stipulate to the requirements specified in Section 6(2).

(c) The applicant or the current licensee of the new hospital shall not apply, initially or subsequently, for certificate of need approval to initiate any other certificate of need covered clinical services.

(d) The new licensed hospital shall remain within the host hospital.

(e) The new hospital shall be assigned to the same subarea as the host hospital.

(f) The proposed project to begin operation of a new hospital, under this subsection, shall constitute a change in bed capacity under Section 1(3) of these standards.

(g) The lease will not result in an increase in the number of licensed hospital beds in the subarea.

(h) Applications proposing a new hospital under this subsection shall not be subject to comparative review.

Section 7. Requirements for approval -- replacement beds in a hospital in a replacement zone

Sec. 7. (1) If the application involves the development of a new licensed site, an applicant proposing replacement beds in a hospital in the replacement zone shall demonstrate that the proposed project meets the requirements of Section 6(1)(a).

(2) In order to be approved, the applicant shall propose to (i) replace an equal or lesser number of beds currently licensed to the applicant at the licensed site at which the proposed replacement beds are located, and (ii) that the proposed new licensed site is in the replacement zone.

(3) An applicant proposing replacement beds in the replacement zone shall not be required to be in compliance with the needed hospital bed supply set forth in Appendix C if the application meets all other applicable certificate of need review standards and agrees and assures to comply with all applicable project delivery requirements.

Section 8. Project delivery requirements -- terms of approval for all applicants

Sec. 8. (1) An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of certificate of need approval:

(a) Compliance with these standards

(b) Compliance with applicable operating standards

(c) Compliance with the following quality assurance standards:

(i) The applicant shall notify the Department within 10 days of the date the hospital beds are placed in operation.

(ii) The applicant shall assure compliance with Section 20201 of the Code, being Section 333.20201 of the Michigan Compiled Laws.

The applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include, but is not limited to, annual budget and cost information and demographic, diagnostic, morbidity, and mortality information, as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data on a separate basis for each licensed site; in a format established by the department, and in a mutually agreed upon media. The department may elect to verify the data through on-site review of appropriate records.

(A) The applicant shall participate and submit data to the Michigan Inpatient Data Base (MIDB). The data shall be submitted to the Department or its designee.

(2) The agreements and assurances required by this section shall be in the form of a certification authorized by the governing body of the applicant or its authorized agent.

Section 9. Rural Michigan counties

Sec. 9. Rural Michigan counties, for purposes of these standards, are incorporated as part of these standards as Appendix B. The Department may amend Appendix B as appropriate to reflect changes by the U.S. Department of Commerce, Bureau of Census.

Section 10. Department inventory of beds

Sec. 10. The department shall maintain and provide on request a listing of the department inventory of beds for each subarea.

Section 11. Effect on prior planning policies; comparative reviews

Sec. 11. (1) These certificate of need review standards supersede and replace the certificate of need standards for hospital beds approved by the Certificate of Need Commission on December 21, 2000 and effective February 26, 2001.

(2) Projects reviewed under these standards shall be subject to comparative review except those projects meeting the requirements of Section 22229(1)(c) of the Code, being Section 333.22229(1)(c) of the Michigan Compiled Laws and projects involving acquisition (including purchase, lease, donation or comparable arrangements) of a hospital.

Section 12. Additional requirements for applications included in comparative reviews

Sec. 12. (1) Any application subject to comparative review under Section 22229 of the Code being Section 333.22229 of the Michigan Compiled Laws or these standards shall be grouped and reviewed with other applications in accordance with the certificate of need rules applicable to comparative reviews.

(2) Each application in a comparative review group shall be individually reviewed to determine whether the application has satisfied all the requirements of Section 22225 of the Code being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards. If the Department determines that one or more of the competing applications satisfies all of the requirements for approval, these projects shall be considered qualifying projects. The Department shall approve those qualifying projects which, taken together, do not exceed the need, as defined in Section 22225(1), in the order the Department determines the projects most fully promote the availability of quality health services at reasonable cost.

Section 13. Documentation of market survey

Sec. 13. An applicant required to conduct a market survey under Section 3 shall specify how the market survey was developed. This specification shall include a description of the data source(s) used, assessments of the accuracy of these data, and the statistical method(s) used. Based on this documentation, the Department shall determine if the market survey is reasonable.

Section 14. Requirements for approval -- acquisition of a hospital

Sec. 14. (1) An applicant proposing to acquire a hospital shall not be required to be in compliance with the needed hospital bed supply set forth in Appendix C for the subarea in which the hospital subject to the proposed acquisition is assigned if the applicant demonstrates that all of the following are met:

- (a) the acquisition will not result in a change in bed capacity,
- (b) the licensed site does not change as a result of the acquisition,
- (c) the project is limited solely to the acquisition of a hospital with a valid license, AND
- (d) if the application is to acquire a hospital, which was proposed in a prior application to be established as a long-term (acute) care hospital (LTAC) and which received certificate of need approval, the applicant also must meet the requirements of Section 6(2). Those hospitals that received such prior approval are so identified in Appendix A.

APPENDIX A**CERTIFICATE OF NEED REVIEW STANDARDS FOR HOSPITAL BEDS**

Hospital subarea assignments

| Health Service Area | Sub Area | Hospital Name | City |
|---------------------|----------|--|------------------|
| Southeast | | 47 Brighton | Brighton |
| | | 47 McPherson Community Hlth Ctr | Howell |
| | | 48 Crittenton | Rochester |
| | | 48 Huron Valley-Sinai | Milford |
| | | 48 Select Specialty (LTAC - Fac #63-0172)* | Pontiac |
| | | 48 No. Oakland Medical Ctr | Pontiac |
| | | 48 Pontiac Osteopathic | Pontiac |
| | | 48 St. Joseph Mercy - Oakland | Pontiac |
| | | 49 Mount Clemens General | Mt Clemens |
| | | 49 St. John North Shores Hospital | Mt Clemens |
| | | 49 St Joseph Mercy - Almont (a) | Romeo |
| | | 49 St Joseph Mercy - East (a) | Mt Clemens |
| | | 49 St Joseph Mercy - West (a) | Mt Clemens |
| | | 49 Select Specialty (LTAC - Fac #50-0111)* | Mt. Clemens |
| | | 50 Mercy Hospital | Port Huron |
| | | 50 Port Huron | Port Huron |
| | | 50 St. John River District | St Clair |
| | | 57 Forest Health Medical Center | Ypsilanti |
| | | 57 Chelsea Community | Chelsea |
| | | 57 Saline Community | Saline |
| | | 57 St. Joseph Mercy | Ann Arbor |
| | | 57 University of Michigan | Ann Arbor |
| | | 57 Select Specialty (LTAC - Fac #81-0081)* | Ann Arbor |
| | | 66 Mercy Memorial | Monroe |
| | | 67 Oakwood - Annapolis | Wayne |
| | | 67 Garden City Osteopathic | Garden City |
| | | 67 St. Mary's Mercy Hospital | Livonia |
| | | 68 Oakwood - Heritage | Taylor |
| | | 68 Oakwood Hosp & Med Ctr | Dearborn |
| | | 68 Riverside Osteopathic | Trenton |
| | | 68 Oakwood - Seaway | Trenton |
| | | 68 Henry Ford - Wyandotte | Wyandotte |
| | | 68 Vencor Hosp - Detroit | Lincoln Park |
| | | 69 William Beaumont | Troy |
| | | 69 William Beaumont | Royal Oak |
| | | 69 Botsford General | Farmington Hills |
| | | 69 Madison Community | Madison Hgts |
| | | 69 SJHS - Oakland General | Madison Hgts |
| | | 69 Providence | Southfield |
| | | 69 Great Lakes Rehab | Southfield |
| | | 69 Sinai - Grace | Detroit |
| | | 69 Straith | Southfield |

2001 MR 9

| | | |
|--------------|---|---------------------|
| | 70 Bi-County Community | Warren |
| | 70 Bon Secours | Grosse Pointe |
| | 70 Cottage Hospital | Grosse Pointe Farms |
| | 70 Kern | Warren |
| | 70 St. John | Detroit |
| | 70 St. John - East | Detroit |
| | 70 St. John - Gratiot | Detroit |
| | 70 St. John - Macomb | Warren |
| | 70 SCCI of America (LTAC - #83-0521)* | Detroit |
| | 71 Children's | Detroit |
| | 71 Detroit Receiving | Detroit |
| | 71 Greater Detroit Hospital | Detroit |
| | 71 Harper | Detroit |
| | 71 Henry Ford | Detroit |
| | 71 Hutzel | Detroit |
| | 71 Rehabilitation Inst | Detroit |
| | 71 Renaissance Hospital & Med Ctr | Detroit |
| | 71 St. John Detroit Riverview | Detroit |
| | 71 United Community | Detroit |
| | 71 Vencor - Metro Detroit | Detroit |
| Mid-Southern | | |
| | 46 Clinton Memorial | St Johns |
| | 46 Eaton Rapids Community | Eaton Rapids |
| | 46 Hayes Green Beach | Charlotte |
| | 46 Ingham Reg'l Med Ctr - Greenlawn | Lansing |
| | 46 Ingham Reg'l Med Ctr - Pennsylvania | Lansing |
| | 46 Sparrow - Michigan | Lansing |
| | 46 Sparrow - St. Lawrence | Lansing |
| | 56 Doctors | Jackson |
| | 56 Foote Memorial | Jackson |
| | 64 Hillsdale Community | Hillsdale |
| | 65 Addison | Addison |
| | 65 Emma L. Bixby | Adrian |
| | 65 Herrick Memorial | Tecumseh |
| Southwest | | |
| | 45 Pennock | Hastings |
| | 51 South Haven Community | South Haven |
| | 53 Borgess Medical Ctr | Kalamazoo |
| | 53 Borgess-Pipp | Plainwell |
| | 53 Bronson Methodist | Kalamazoo |
| | 53 Bronson - Lakeview | Paw Paw |
| | 53 Bronson - Vicksburg | Vicksburg |
| | 53 Lakeview Community | Paw Paw |
| | 54 BCHS - Fieldstone Ctr (b) | Battle Creek |
| | 54 BCHS - Leila (b) | Battle Creek |
| | 54 Select Specialty (LTAC - Fac #13-0111)* | Battle Creek |
| | 54 Oaklawn | Marshall |
| | 54 Southwestern MI Rehab | Battle Creek |
| | 55 Trillium | Albion |
| | 58 Community | Watervliet |
| | 58 Lakeland Med Ctr | St. Joseph |
| | 58 Lakeland Speciality (LTAC - Fac #11-0080)* | Berrien Center |
| | 59 Lee Memorial | Dowagiac |
| | 60 Lakeland Medical Ctr | Niles |

2001 MR 9

| | | |
|------|--|-----------------|
| West | 61 Three Rivers Area | Three Rivers |
| | 62 Sturgis | Sturgis |
| | 63 Community Health Ctr | Coldwater |
| West | 22 West Branch Reg'l Med Ctr | West Branch |
| | 25 Memorial Medical Ctr of West MI | Ludington |
| | 26 Kelsey Memorial | Lakeview |
| | 26 Mecosta County General | Big Rapids |
| | 26 Spectrum Health - Reed City | Reed City |
| | 30 Lakeshore Community | Shelby |
| | 31 Gerber Memorial | Fremont |
| | 32 Carson City Osteopathic | Carson City |
| | 32 Gratiot Community | Alma |
| | 37 Hackley Medical Center | Muskegon |
| | 37 Mercy Gen'l Hlth Prtnrs - Sherman | Muskegon |
| | 37 Mercy Gen'l Hlth Prtnrs - Oak | Muskegon |
| | 37 Nextcare (LTAC - Fac #61-0052)* | Muskegon |
| | 37 North Ottawa Community | Grand Haven |
| | 37 Select Speciality (LTAC - Fac #61-0051)* | Muskegon |
| | 38 Blodgett Memorial dba Spectrum Hlth | E. Grand Rapids |
| | 38 Butterworth dba Spectrum Hlth | Grand Rapids |
| | 38 Ferguson dba Spectrum Hlth | Grand Rapids |
| | 38 Kent Community dba Spectrum Hlth | Grand Rapids |
| | 38 Mary Free Bed | Grand Rapids |
| | 38 Metropolitan | Grand Rapids |
| | 38 St. Mary's Mercy | Grand Rapids |
| | 39 Sheridan Community | Sheridan |
| | 39 United Memorial | Greenville |
| | 43 Holland Community | Holland |
| | 43 Zeeland Community | Zeeland |
| | 44 Ionia County Memorial | Ionia |
| | 52 Allegan General | Allegan |
| GLS | 40 Memorial Healthcare Ctr | Owosso |
| | 41 Genesys Regional Med Ctr | Grand Blanc |
| | 41 Hurley Medical Ctr | Flint |
| | 41 McLaren General | Flint |
| | 41 Select Specialty (LTAC - Fac #25-0071)* | Flint |
| | 42 Lapeer Regional | Lapeer |
| East | 23 Tawas - St. Joseph | Tawas City |
| | 27 Central Michigan Community | Mt Pleasant |
| | 27 MidMichigan Reg'l Med Ctr | Clare |
| | 28 MidMichigan Reg'l Med Ctr | Gladwin |
| | 28 MidMichigan Reg'l Med Ctr | Midland |
| | 29 Bay Med Ctr (c) | Bay City |
| | 29 Bay Med Ctr-West (c) | Bay City |
| | 29 Samaritan (c) | Bay City |
| | 29 Standish Community | Standish |
| | 29 Bay Special Care Ctr (LTAC - Fac #09-0010)*Bay City | Bay City |
| | 33 Covenant Med Ctrs - 700 Cooper(d) | Saginaw |
| | 33 Covenant Med Ctrs - Michigan (d) | Saginaw |
| | 33 Covenant Med Ctrs - Harrison(d) | Saginaw |
| | 33 Healthsource - Saginaw | Saginaw |

2001 MR 9

| | | |
|-----------------|------------------------------|-----------------|
| Northern Lower | 33 St. Mary's Medical Ctr | Saginaw |
| | 34 Caro Community | Caro |
| | 34 Hills and Dales General | Cass City |
| | 35 Harbor Beach Community | Harbor Beach |
| | 35 Huron Memorial | Bad Axe |
| | 35 Scheurer | Pigeon |
| | 36 Deckerville Community | Deckerville |
| | 36 Marlette Community | Marlette |
| | 36 McKenzie Memorial | Sandusky |
| | 14 Community Memorial | Cheboygan |
| | 15 Charlevoix | Charlevoix |
| | 15 Mackinac Straits Hlth Ctr | St. Ignace |
| Upper Peninsula | 15 Northern Michigan | Petoskey |
| | 16 Rogers City Rehab | Rogers City |
| | 16 Russell Memorial | Onaway |
| | 17 Otsego County Memorial | Gaylord |
| | 18 Alpena General | Alpena |
| | 19 Kalkaska Memorial | Kalkaska |
| | 19 Leelanau Health Ctr | Northport |
| | 19 Munson Medical Ctr | Traverse City |
| | 19 Paul Oliver Memorial | Frankfort |
| | 20 Mercy | Cadillac |
| | 21 Mercy | Grayling |
| | 24 West Shore Medical | Manistee |
| | 1 Grand View | Ironwood |
| | 2 Ontonagon Memorial | Ontonagon |
| | 3 Iron County General | Iron River |
| | 4 Baraga County Memorial | L'Anse |
| | 5 Keweenaw Memorial Med Ctr | Laurium |
| | 5 Portage Health System | Hancock |
| | 6 Dickinson Co. Memorial | Iron Mountain |
| | 7 Francis A. Bell Memorial | Ishpeming |
| | 7 Marquette General | Marquette |
| | 8 Bay Area Medical Ctr | Menominee |
| | 9 St. Francis | Escanaba |
| | 10 Munising Memorial | Munising |
| | 11 Schoolcraft Memorial | Manistique |
| | 12 Helen Newberry Joy | Newberry |
| | 13 Chippewa Co. War Mem. | Sault Ste Marie |

*This is a hospital that must meet the requirement(s) of Section 14(1)(d).

- (a) licensed sites under single license issued to St. Joseph Hospital of Mt. Clemens
- (b) licensed sites under single license issued to Battle Creek Health Systems (BCHS)
- (c) licensed sites under single license issued to Bay Medical Center, Bay City
- (d) licensed sites under single license issued to Covenant Medical Ctrs, Saginaw

APPENDIX B

CERTIFICATE OF NEED REVIEW STANDARDS FOR HOSPITAL BEDS

Rural Michigan counties are as follows:

| | | |
|------------|--------------|--------------|
| Alcona | Gd. Traverse | Missaukee |
| Alger | Gratiot | Montcalm |
| Alpena | Hillsdale | Montmorency |
| Antrim | Houghton | Newaygo |
| Arenac | Huron | Oceana |
| Baraga | Ionia | Ogemaw |
| Barry | Iosco | Ontonagon |
| Benzie | Iron | Osceola |
| Branch | Isabella | Oscoda |
| Cass | Kalkaska | Otsego |
| Charlevoix | Keweenaw | Presque Isle |
| Cheboygan | Lake | Roscommon |
| Chippewa | Leelanau | St. Joseph |
| Clare | Luce | Sanilac |
| Crawford | Mackinac | Schoolcraft |
| Delta | Manistee | Shiawassee |
| Dickinson | Marquette | Tuscola |
| Emmet | Mason | Wexford |
| Gladwin | Mecosta | |
| Gogebic | Menominee | |

Source:

55 F.R., p. 12154 (March 30, 1990)
 Statistical Policy Office
 Office of Information and Regulatory Affairs
 United States Office of Management and Budget

APPENDIX C**CERTIFICATE OF NEED REVIEW STANDARDS FOR HOSPITAL BEDS**

The hospital bed need for purposes of these standards until otherwise changed by the Commission are as follows:

| Health Service Area | SA No. | Subarea (SA) | Bed Need | Bed Inventory 12-21-00* |
|---------------------|--------|--------------------|----------|----------------------------|
| SOUTHEAST | 47 | HOWELL | 143 | 199 |
| | 48 | PONTIAC | 1009 | 1492 |
| | 49 | MOUNT CLEMENS | 578 | 797 |
| | 50 | PORT HURON | 350 | 350 |
| | 57 | ANN ARBOR | 1338 | 1654 |
| | 66 | MONROE | 176 | 217 |
| | 67 | WAYNE | 838 | 855 |
| | 68 | DEARBORN-WYANDOTTE | 1160 | 1561 |
| | 69 | NORTHWEST DETROIT | 2671 | 2676 |
| | 70 | NORTHEAST DETROIT | 1640 | 1975 |
| | 71 | CENTRAL DETROIT | 3061 | 3256 |
| MID-SOUTHERN | 46 | LANSING | 1217 | 1143 |
| | 56 | JACKSON | 374 | 390 |
| | 64 | HILLSDALE | 53 | 65 |
| | 65 | ADRIAN | 266 | 256 |
| SOUTHWEST | 45 | HASTINGS | 69 | 89 |
| | 51 | SOUTH HAVEN | 48 | 82 |
| | 53 | KALAMAZOO | 779 | 917 |
| | 54 | BATTLE CREEK | 439 | 345 |
| | 55 | ALBION | 52 | 70 |
| | 58 | BENTON HARBOR | 343 | 349 |
| | 59 | DOWAGIAC | 52 | 74 |
| | 60 | NILES | 139 | 106 |
| | 61 | THREE RIVERS | 45 | 60 |
| | 62 | STURGIS | 67 | 94 |
| | 63 | COLDWATER | 117 | 110 |
| WEST | 25 | LUDINGTON | 71 | 81 |
| | 26 | BIG RAPIDS | 176 | 168 |
| | 30 | HART | 72 | 24 |
| | 31 | FREMONT | 70 | 67 |
| | 37 | MUSKEGON | 560 | 568 |
| | 38 | GRAND RAPIDS | 1482 | 1738 |
| | 39 | GREENVILLE | 122 | 87 |
| | 43 | HOLLAND | 265 | 250 |
| | 44 | IONIA | 51 | 77 |
| | 52 | ALLEGAN | 56 | 54 |
| | 40 | OWOSSO | 149 | 115 |

2001 MR 9

| | | | | |
|-----------------|----|-------------------|------|------|
| | 41 | FLINT | 1241 | 1162 |
| | 42 | LAPEER | 146 | 183 |
| EAST | | | | |
| | 22 | WEST BRANCH | 74 | 88 |
| | 23 | TAWAS CITY | 56 | 60 |
| | 27 | MOUNT PLEASANT | 181 | 182 |
| | 28 | MIDLAND | 225 | 281 |
| | 29 | BAY CITY | 362 | 451 |
| | 32 | ALMA | 216 | 191 |
| | 33 | SAGINAW | 733 | 994 |
| | 34 | CASS CITY | 88 | 115 |
| | 35 | BAD AXE | 105 | 116 |
| | 36 | THUMB | 92 | 100 |
| NORTHERN LOWER | | | | |
| | 14 | CHEBOYGAN | 43 | 57 |
| | 15 | PETOSKEY | 237 | 288 |
| | 16 | ROGERS CITY | 47 | 36 |
| | 17 | GAYLORD | 49 | 53 |
| | 18 | ALPENA | 117 | 124 |
| | 19 | TRAVERSE CITY | 334 | 393 |
| | 20 | CADILLAC | 136 | 97 |
| | 21 | GRAYLING | 76 | 90 |
| | 24 | MANISTEE | 75 | 95 |
| UPPER PENINSULA | | | | |
| | 1 | WAKEFIELD | 65 | 54 |
| | 2 | ONTONAGON | 46 | 25 |
| | 3 | CRYSTAL FALLS | 61 | 36 |
| | 4 | L'ANSE | 42 | 24 |
| | 5 | HANCOCK | 85 | 79 |
| | 6 | IRON MOUNTAIN | 86 | 96 |
| | 7 | MARQUETTE | 172 | 358 |
| | 8 | MENOMINEE | 54 | 0 |
| | 9 | ESCANABA | 97 | 110 |
| | 10 | MUNISING | 30 | 25 |
| | 11 | MANISTIQUE | 41 | 25 |
| | 12 | NEWBERRY | 31 | 25 |
| | 13 | SAULT SAINT MARIE | 76 | 82 |

* Applicants must contact the department to obtain the current number of beds in the department inventory of beds. Note the figures in the Bed Inventory Column do not reflect any data regarding applications for beds under appeal or pending a final department decision.

APPENDIX D**OCCUPANCY RATE TABLE**

| ADC >= | ADC < | Occup | Beds | ADC >= | ADC < | Occup | Beds | ADC >= | ADC < | Occup | Beds |
|--------|--------|-------|------|---------|---------|-------|------|---------|---------|-------|------|
| | 50 | 0.6 | 83 | 101.475 | 102.225 | 0.75 | 136 | 148.757 | 149.547 | 0.79 | 189 |
| 50 | 51.423 | 0.61 | 84 | 102.225 | 102.975 | 0.75 | 137 | 149.547 | 152.24 | 0.8 | 190 |
| 51.423 | 52.886 | 0.62 | 85 | 102.975 | 103.725 | 0.75 | 138 | 152.24 | 153.04 | 0.8 | 191 |
| 52.886 | 53.506 | 0.62 | 86 | 103.725 | 104.475 | 0.75 | 139 | 153.04 | 153.84 | 0.8 | 192 |
| 53.506 | 54.999 | 0.63 | 87 | 104.475 | 105.225 | 0.75 | 140 | 153.84 | 154.64 | 0.8 | 193 |
| 54.999 | 55.629 | 0.63 | 88 | 105.225 | 107.388 | 0.76 | 141 | 154.64 | 155.44 | 0.8 | 194 |
| 55.629 | 56.259 | 0.63 | 89 | 107.388 | 108.148 | 0.76 | 142 | 155.44 | 156.24 | 0.8 | 195 |
| 56.259 | 57.792 | 0.64 | 90 | 108.148 | 108.908 | 0.76 | 143 | 156.24 | 157.04 | 0.8 | 196 |
| 57.792 | 58.432 | 0.64 | 91 | 108.908 | 109.668 | 0.76 | 144 | 157.04 | 157.84 | 0.8 | 197 |
| 58.432 | 59.072 | 0.64 | 92 | 109.668 | 110.428 | 0.76 | 145 | 157.84 | 160.623 | 0.81 | 198 |
| 59.072 | 60.645 | 0.65 | 93 | 110.428 | 111.188 | 0.76 | 146 | 160.623 | 161.433 | 0.81 | 199 |
| 60.645 | 61.295 | 0.65 | 94 | 111.188 | 111.948 | 0.76 | 147 | 161.433 | 162.243 | 0.81 | 200 |
| 61.295 | 61.945 | 0.65 | 95 | 111.948 | 112.708 | 0.76 | 148 | 162.243 | 163.053 | 0.81 | 201 |
| 61.945 | 63.558 | 0.66 | 96 | 112.708 | 113.468 | 0.76 | 149 | 163.053 | 163.863 | 0.81 | 202 |
| 63.558 | 64.218 | 0.66 | 97 | 113.468 | 114.228 | 0.76 | 150 | 163.863 | 164.673 | 0.81 | 203 |
| 64.218 | 65.861 | 0.67 | 98 | 114.228 | 116.501 | 0.77 | 151 | 164.673 | 165.483 | 0.81 | 204 |
| 65.861 | 66.531 | 0.67 | 99 | 116.501 | 117.271 | 0.77 | 152 | 165.483 | 166.293 | 0.81 | 205 |
| 66.531 | 67.201 | 0.67 | 100 | 117.271 | 118.041 | 0.77 | 153 | 166.293 | 169.166 | 0.82 | 206 |
| 67.201 | 68.884 | 0.68 | 101 | 118.041 | 118.811 | 0.77 | 154 | 169.166 | 169.986 | 0.82 | 207 |
| 68.884 | 69.564 | 0.68 | 102 | 118.811 | 119.581 | 0.77 | 155 | 169.986 | 170.806 | 0.82 | 208 |
| 69.564 | 70.244 | 0.68 | 103 | 119.581 | 120.351 | 0.77 | 156 | 170.806 | 171.626 | 0.82 | 209 |
| 70.244 | 71.967 | 0.69 | 104 | 120.351 | 121.121 | 0.77 | 157 | 171.626 | 172.446 | 0.82 | 210 |
| 71.967 | 72.657 | 0.69 | 105 | 121.121 | 121.891 | 0.77 | 158 | 172.446 | 173.266 | 0.82 | 211 |
| 72.657 | 73.347 | 0.69 | 106 | 121.891 | 122.661 | 0.77 | 159 | 173.266 | 174.086 | 0.82 | 212 |
| 73.347 | 75.11 | 0.7 | 107 | 122.661 | 123.431 | 0.77 | 160 | 174.086 | 174.906 | 0.82 | 213 |
| 75.11 | 75.81 | 0.7 | 108 | 123.431 | 124.201 | 0.77 | 161 | 174.906 | 175.726 | 0.82 | 214 |
| 75.81 | 76.51 | 0.7 | 109 | 124.201 | 124.971 | 0.77 | 162 | 175.726 | 178.699 | 0.83 | 215 |
| 76.51 | 78.313 | 0.71 | 110 | 124.971 | 127.374 | 0.78 | 163 | 178.699 | 179.529 | 0.83 | 216 |
| 78.313 | 79.023 | 0.71 | 111 | 127.374 | 128.154 | 0.78 | 164 | 179.529 | 180.359 | 0.83 | 217 |
| 79.023 | 79.733 | 0.71 | 112 | 128.154 | 128.934 | 0.78 | 165 | 180.359 | 181.189 | 0.83 | 218 |
| 79.733 | 80.443 | 0.71 | 113 | 128.934 | 129.714 | 0.78 | 166 | 181.189 | 182.019 | 0.83 | 219 |
| 80.443 | 82.296 | 0.72 | 114 | 129.714 | 130.494 | 0.78 | 167 | 182.019 | 182.849 | 0.83 | 220 |
| 82.296 | 83.016 | 0.72 | 115 | 130.494 | 131.274 | 0.78 | 168 | 182.849 | 183.679 | 0.83 | 221 |
| 83.016 | 83.736 | 0.72 | 116 | 131.274 | 132.054 | 0.78 | 169 | 183.679 | 184.509 | 0.83 | 222 |
| 83.736 | 84.456 | 0.72 | 117 | 132.054 | 132.834 | 0.78 | 170 | 184.509 | 185.339 | 0.83 | 223 |
| 84.456 | 85.176 | 0.72 | 118 | 132.834 | 133.614 | 0.78 | 171 | 185.339 | 186.169 | 0.83 | 224 |
| 85.176 | 87.089 | 0.73 | 119 | 133.614 | 134.394 | 0.78 | 172 | 186.169 | 189.252 | 0.84 | 225 |
| 87.089 | 87.819 | 0.73 | 120 | 134.394 | 135.174 | 0.78 | 173 | 189.252 | 190.092 | 0.84 | 226 |
| 87.819 | 88.549 | 0.73 | 121 | 135.174 | 135.954 | 0.78 | 174 | 190.092 | 190.932 | 0.84 | 227 |
| 88.549 | 89.279 | 0.73 | 122 | 135.954 | 136.734 | 0.78 | 175 | 190.932 | 191.772 | 0.84 | 228 |
| 89.279 | 90.009 | 0.73 | 123 | 136.734 | 137.514 | 0.78 | 176 | 191.772 | 192.612 | 0.84 | 229 |
| 90.009 | 90.739 | 0.73 | 124 | 137.514 | 140.067 | 0.79 | 177 | 192.612 | 193.452 | 0.84 | 230 |
| 90.739 | 91.469 | 0.73 | 125 | 140.067 | 140.857 | 0.79 | 178 | 193.452 | 194.292 | 0.84 | 231 |
| 91.469 | 93.462 | 0.74 | 126 | 140.857 | 141.647 | 0.79 | 179 | 194.292 | 195.132 | 0.84 | 232 |

| | | | | | | | | | | | |
|---------|---------|------|-----|---------|---------|------|-----|---------|---------|------|-----|
| 93.462 | 94.202 | 0.74 | 127 | 141.647 | 142.437 | 0.79 | 180 | 195.132 | 195.972 | 0.84 | 233 |
| 94.202 | 94.942 | 0.74 | 128 | 142.437 | 143.227 | 0.79 | 181 | 195.972 | 196.812 | 0.84 | 234 |
| 94.942 | 95.682 | 0.74 | 129 | 143.227 | 144.017 | 0.79 | 182 | 196.812 | 197.652 | 0.84 | 235 |
| 95.682 | 96.422 | 0.74 | 130 | 144.017 | 144.807 | 0.79 | 183 | 197.652 | 198.492 | 0.84 | 236 |
| 96.422 | 97.162 | 0.74 | 131 | 144.807 | 145.597 | 0.79 | 184 | 198.492 | 199.332 | 0.84 | 237 |
| 97.162 | 97.902 | 0.74 | 132 | 145.597 | 146.387 | 0.79 | 185 | 199.332 | 200.172 | 0.84 | 238 |
| 97.902 | 99.975 | 0.75 | 133 | 146.387 | 147.177 | 0.79 | 186 | 200.172 | | 0.85 | |
| 99.975 | 100.725 | 0.75 | 134 | 147.177 | 147.967 | 0.79 | 187 | | | | |
| 100.725 | 101.475 | 0.75 | 135 | 147.967 | 148.757 | 0.79 | 188 | | | | |

**MICHIGAN DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH AND MEDICAL AFFAIRS**

**CERTIFICATE OF NEED REVIEW STANDARDS FOR HOSPITAL BEDS
-- ADDENDUM FOR PROJECTS FOR HIV INFECTED INDIVIDUALS --**

(By authority conferred on the Certificate of Need Commission by sections 22215 and 22217 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 333.22217, 24.207, and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability; definitions

Sec. 1. (1) This addendum supplements the Certificate of Need Review Standards for Hospital Beds and may be used for determining the need for projects established to meet the needs of HIV infected individuals.

(2) Except as provided by sections 2 and 3 below, these standards supplement and do not supercede the requirements and terms of approval required by the Certificate of Need Review Standards for Hospital Beds.

(3) The definitions that apply to the Certificate of Need Review Standards for Hospital Beds apply to these standards.

(4) "HIV infected" means that term as defined in Section 5101 of the Code.

(5) Planning area for projects for HIV infected individuals means the State of Michigan.

Section 2. Requirements for approval; change in bed capacity

Sec. 2. (1) A project which, if approved, will increase the number of licensed hospital beds in an overbedded subarea or will result in the total number of existing hospital beds in a subarea exceeding the needed hospital bed supply as determined under the Certificate of Need Review Standards for Hospital Beds may, nevertheless, be approved pursuant to subsection (3) of this addendum.

(2) Hospital beds approved as a result of this addendum shall be included in the Department inventory of existing beds in the subarea in which the hospital beds will be located. Increases in hospital beds approved under this addendum shall cause subareas currently showing a current surplus of beds to have that surplus increased.

(3) In order to be approved under this addendum, an applicant shall demonstrate all of the following:

(a) The Director of the Department has determined that action is necessary and appropriate to meet the needs of HIV infected individuals for quality, accessible and efficient health care.

(b) The hospital will provide services only to HIV infected individuals.

(c) The applicant has obtained an obligation, enforceable by the Department, from existing licensed hospital(s) in any subarea of this state to voluntarily delicense a number of hospital beds equal to the number proposed in the application. The effective date of the delicensure action will be the date the beds approved pursuant to this addendum are licensed. The beds delicensed shall not be beds already subject to delicensure under a bed reduction plan.

(d) The application does not result in more than 20 beds approved under this addendum in the State.

(4) In making determinations under Section 22225(2)(a) of the Code, for projects under this addendum, the Department shall consider the total cost and quality outcomes for overall community health systems for services in a dedicated portion of an existing facility compared to a separate aids facility and has determined that there exists a special need, and the justification of any cost increases in terms of important quality/access improvements or the likelihood of future cost reductions, or both.

Section 3. Project delivery requirements--additional terms of approval for projects involving HIV infected individuals approved under this addendum.

Sec. 3. (1) An applicant shall agree that, if approved, the services provided by the beds for HIV infected individuals shall be delivered in compliance with the following terms of certificate of need approval:

(a) The license to operate the hospital will be limited to serving the needs of patients with the clinical spectrum of HIV infection and any other limitations established by the Department to meet the purposes of this addendum.

(b) The hospital shall be subject to the general license requirements of Part 215 of the Code except as waived by the Department of Consumer & Industry Services to meet the purposes of this addendum.

(c) The applicant agrees that the Department of Consumer & Industry Services shall revoke the license of the hospital if the hospital provides services to inpatients other than HIV infected individuals.

Section 4. Comparative reviews

Sec. 4. (1) Projects proposed under Section 3 shall be subject to comparative review.

CERTIFICATE OF NEED REVIEW STANDARDS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF NEED REVIEW STANDARDS
FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS

(By authority conferred on the Certificate of Need Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability

Sec. 1. (1) These standards are requirements for approval and delivery of services for all projects approved and certificates of need issued under Part 222 of the Code which involve nursing homes and hospital long-term-care units.

(2) A nursing home licensed under Part 217 and a hospital long-term-care unit (HLTCU) defined in Section 20106(6) are covered health facilities for purposes of Part 222 of the Code.

(3) The Department shall use sections 3, 4, 5, 6, 8, 9, 12, 13, and 14 of these standards, as applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws.

(4) The Department shall use Section 7 of these standards, as applicable, in applying Section 22225(2)(a)(iii) of the Code, being Section 333.22225(2)(a)(iii) of the Michigan Compiled Laws.

(5) The Department shall use Section 11 of these standards, as applicable, in applying Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

(6) The Department shall use Section 10(2) of these standards, as applicable, in applying Section 22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws.

Section 2. Definitions

Sec. 2. (1) As used in these standards:

(a) "Acquisition of a new nursing home or HLTCU" means the issuance of a new nursing home (including HLTCU) license as the result of the acquisition (including purchase, lease, donation, or other comparable arrangement) of an existing licensed nursing home (including HLTCU) and which does not involve a change in bed capacity of that health facility.

(b) "ADC adjustment factor" means the factor by which the average daily census (ADC), derived during the bed need methodology calculation set forth in Section 3(2)(d) for each planning area, is divided. For planning areas with an ADC of less than 100, the ADC adjustment factor is 0.90 and for planning areas with an ADC of 100 or more, the ADC adjustment factor is 0.95.

(c) "Applicant's cash" means the total of the following items reported by the applicant on the "Source of Funds" form (form number T-150-G-11.04, or any subsequent replacement form): (i) unrestricted cash; (ii) designated funds; (iii) restricted funds; (iv) planned gifts, bequests, donations, and pledges; and (v) interest income during construction.

(d) "Average total proposed project cost per bed" or "A" is calculated by the Department by summing the "Total proposed project cost" of each qualifying project, and then dividing the sum by the total number of beds proposed by those qualifying projects. The total number of beds shall include new, replacement, and converted beds.

(e) "Base year" means 1987 or the most recent year for which verifiable data collected as part of the Michigan Department of Community Health Annual Survey of Long-Term-Care Facilities or other comparable MDCH survey instrument are available.

(f) "Certificate of Need Commission" or "Commission" means the commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(g) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(h) "Comparative group" means the applications which have been grouped for the same type of project in the same planning area and which are being reviewed comparatively in accord with the Certificate of Need rules.

(i) "Converted bed/space" means, for purposes of these standards, an existing bed or space in a health facility that is not currently licensed as a nursing home/HLTCU bed and is proposed to be licensed as a nursing home or HLTCU bed. An example is proposing to license a home for the aged bed as a nursing home bed.

(j) "Department" means the Michigan Department of Community Health (MDCH).

(k) "Department inventory of beds" means the current list, for each planning area maintained on a continuing basis by the Department: (i) licensed nursing home beds (including MR and MI beds) and (ii) nursing home beds approved by a valid Certificate of Need issued under either former Part 221 or Part 222 of the Code which are not yet licensed. It does not include (a) nursing home beds approved from the statewide pool established pursuant to Section 22217(1)(b) of the Code, being Section 333.22217(1)(b) of the Michigan Compiled Laws and (b) short-term nursing care program beds approved pursuant to Section 22210 of the Code, being Section 333.22210 of the Michigan Compiled Laws.

(l) "Existing nursing home beds" means, for a specific planning area, the total of all nursing home beds located within the planning area including: (i) licensed nursing home beds (including MR and MI beds), (ii) nursing home beds approved by a valid Certificate of Need issued under either former Part 221 or Part 222 of the Code which are not yet licensed, (iii) proposed nursing home beds under appeal from a final Department decision made under former Part 221 or Part 222 or pending a hearing from a proposed decision issued under Part 222 of the Code, and (iv) proposed nursing home beds that are part of a completed

application under Part 222 of the Code (other than the application or applications in the comparative group under review) which is pending final Department decision. The following exceptions to this definition exist: (a) the 174 licensed beds at the Pinecrest Medical Care Facility geographically located in Menominee County will be allocated to three planning areas as follows: 68 beds in the Menominee planning area, 53 beds in the Delta planning area, and 53 beds in the Dickinson planning area; (b) nursing home beds approved from the statewide pool established pursuant to Section 22217(1)(b) of the Code, being Section 333.22217(1)(b) of the Michigan Compiled Laws are excluded; and (c) short-term nursing care program beds approved pursuant to Section 22210 of the Code, being Section 333.22210 of the Michigan Compiled Laws, are excluded.

(m) "Gross square feet" means the area of the building as measured by the outside building walls.

(n) "Health service area" means the geographic area established for a health systems agency pursuant to former Section 1511 of the Public Health Service Act and set forth in Section 14.

(o) "Hospital long-term-care unit" or "HLTCU" means a nursing care facility, owned and operated by and as part of a hospital, that provides organized nursing care and medical treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or infirmity.

(p) "Licensed site" means either (i) in the case of a single site hospital or nursing home, the location of the health facility authorized by license and listed on that licensee's certificate of licensure or (ii) in the case of a hospital or nursing home with multiple sites, the location of each separate and distinct health facility as authorized by licensure.

(q) "Medicaid" means Title XIX of the Social Security Act, 42 U.S.C. 1396.

(r) "Medicaid eligible recipient" means a patient deemed eligible by the Michigan Department of Community Health, or its designated agent, to receive Medicaid reimbursement from the time of admission to a nursing home/HLTCU.

(s) "MI beds" means nursing home beds in a nursing home licensed by the Department of Consumer and Industry Services for the care of mentally ill patients.

(t) "MR beds" means nursing home beds in a nursing home licensed by the Department of Consumer and Industry Services for the care of mentally retarded patients.

(u) "Net usable area" means the usable floor area of a patient sleeping room excluding any vestibules (including door swings), toilet rooms, and built-in closets.

(v) "Nonrenewal or revocation of license for cause" means that the Department of Consumer and Industry Services did not renew or revoked the nursing home's/HLTCU's license based on the nursing home's/HLTCU's failure to comply with state licensing standards.

(w) "Nonrenewal or termination of certification for cause" means the nursing home/HLTCU Medicare and/or Medicaid certification was terminated or not renewed based on the nursing home's/HLTCU's failure to comply with Medicare and/or Medicaid participation requirements.

(x) "Nursing home" means a nursing care facility, including a county medical care facility, but excluding a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being sections 36.1 to 36.12 of the Michigan Compiled Laws, that provides organized nursing care and medical treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or infirmity.

(y) "Nursing home bed" means a bed in a health facility licensed under Part 217 of the Code or a licensed bed in a hospital long-term-care unit. The term does not include short-term nursing care program beds approved pursuant to Section 22210 of the Code being Section 333.22210 of the Michigan Compiled Laws or beds in health facilities listed in Section 22205(2) of the Code, being Section 333.22205(2) of the Michigan Compiled Laws.

(z) "Occupancy rate" means the percentage which expresses the ratio of the actual number of patient days of care provided divided by the total number of patient days. Total patient days is calculated by summing the number of licensed and/or CON approved but not yet licensed beds and multiplying these beds by the number of days that they were licensed and/or CON approved but not yet licensed. This shall include nursing home beds approved from the statewide pool established pursuant to Section 22217(1)(b) of the Code, being Section 333.22217(1)(b) of the Michigan Compiled Laws. Occupancy rates shall be calculated using verifiable data from either (i) the actual number of patient days of care for 12 continuous months of data from the MDCH Annual Survey of Long-Term-Care Facilities or other comparable MDCH survey instrument or (ii) the actual number of patient days of care for 4 continuous quarters of data as reported to the Department for purposes of compiling the "Staffing/Bed Utilization Ratios Report," whichever is the most recent available data.

(aa) "Planning area" means the geographic boundaries of each county in Michigan with the exception of: (i) Houghton and Keweenaw counties, which are combined to form one planning area and (ii) Wayne County which is divided into three planning areas. Section 13 identifies the three planning areas in Wayne County and the specific geographic area included in each.

(bb) "Planning year" means 1990 or the year in the future, at least Three (3) years but no more than seven (7) years, established by the Certificate of Need Commission for which nursing home bed needs are developed. The planning year shall be a year for which official population projections, from the Department of Management and Budget or U.S. Census, data are available.

(cc) "Physically conforming beds," for purposes of Section 10(3), means beds which meet the maximum occupancy and minimum square footage requirements as specified in Section 483.70(d)(1) of the Code of Federal Regulations for Medicare certification (42 CFR) or any federal regulations for Medicare certification addressing maximum occupancy and minimum square footage requirements approved subsequent to the effective date of these standards.

(dd) "Qualifying project" means each application in a comparative group which has been reviewed individually and has been determined by the Department to have satisfied all of the requirements of Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards.

(ee) "Readmission" means the admission of a patient following a temporary absence from the same nursing home/HLTCU during which time the bed was held open or the patient had the option to return to the next available bed at the same nursing home/HLTCU.

(ff) "Replacement bed" means a nursing home bed with a valid license that meets all of the following conditions: (i) an equal or greater number of nursing home beds are currently licensed to the applicant at the licensed site at which the beds proposed for replacement are

currently licensed, (ii) the nursing home beds are proposed for replacement in new physical plant space being developed in new construction or in newly acquired space (purchase, lease, donation, etc.), and (iii) the nursing home beds to be replaced will be located in the replacement zone.

(gg) "Replacement zone" means a proposed licensed site which is,

(i) for a rural county, within the same planning area as the existing licensed site.

(ii) for a county that is not a rural county,

(A) within the same planning area as the existing licensed site and

(B) within a three-mile radius of the existing licensed site.

(hh) "Room plan changes" means any construction activities in patient rooms, including bathroom areas, which involve moving walls. This does not include cosmetic renovations such as wallpaper, painting, carpeting, or other activities associated with normal wear and tear.

(ii) "Rural county" means a county not located in a metropolitan area as that term is defined pursuant to the "Revised standards for defining metropolitan areas in the 1990's" by the Statistical Policy Office of the Office of Information and Regulatory Affairs of the United States Office of Management and Budget, 55 F.R. p. 12154 (March 30, 1990).

(jj) "Staffing/Bed Utilization Ratios Report" means the report issued by the Department on a quarterly basis.

(kk) "Total proposed project cost" means the total of all the items listed on the applicant's "Project Cost" form (form number T-150-G-11.02 or any subsequent replacement form) excluding the item "Pre-existing debt to be refinanced." For projects where existing beds/space are being converted to nursing home/HLTCU beds and the number of square feet of facility space to be allocated to the nursing home/HLTCU will increase, the imputed costs of the beds/space to be converted shall be determined based on a fair market value appraisal of the tangible assets to be converted. The imputed costs for the beds/space to be converted shall be entered on the "Project Cost" form on the line for "Construction Costs: Other."

(ll) "Total proposed project cost per bed" is determined by dividing the applicant's "Total proposed project cost" by the applicant's proposed number of beds. The total proposed number of beds shall include new, replacement, and converted beds.

(mm) "Use rate" means the number of nursing home and hospital long-term-care unit days of care per 1,000 population during a one-year period.

(nn) "Vestibule" means a small entrance hall or passageway, between a common corridor and a patient room, of sufficient width and length to allow a corridor entrance door to swing in without obstruction. A vestibule also may provide an adequate area to permit an attached toilet room door sufficient clear swing space so as not to impact on minimum patient room net usable area requirements.

(2) The definitions in Part 222 of the Code shall apply to these standards.

Section 3. Determination of needed nursing home bed supply

Sec. 3 (1)(a) The age specific use rates for the planning year shall be the actual statewide age specific nursing home use rates using data from the base year.

- (b) The age cohorts for each planning area shall be: (i) age 0 - 64 years, (ii) age 65 - 74 years, (iii) age 75 - 84 years, and (iv) age 85 and older.
- (c) Until the base year is changed by the Commission in accord with Section 4(3) and Section 5, the use rates for the base year for each corresponding age cohort, established in accord with subsection (1)(b), are set forth in Appendix A.
- (2) The number of nursing home beds needed in a planning area shall be determined by the following formula:
 - (a) Determine the population for the planning year for each separate planning area in the age cohorts established in subsection (1)(b).
 - (b) Multiply each population age cohort by the corresponding use rate established in Appendix A.
 - (c) Sum the patient days resulting from the calculations performed in subsection (b). The resultant figure is the total patient days.
 - (d) Divide the total patient days obtained in subsection (c) by 365 (or 366 for leap years) to obtain the projected average daily census (ADC).
 - (e) The following shall be known as the ADC adjustment factor. (i) If the ADC determined in subsection (d) is less than 100, divide the ADC by 0.90. (ii) If the ADC determined in subsection (d) is 100 or greater, divide the ADC by 0.95.
 - (f) The number determined in subsection (e) represents the number of nursing home beds needed in a planning area for the planning year.

Section 4. Bed need

- Sec. 4. (1) For purposes of these standards, until otherwise changed by the Commission, the bed need numbers shown in Appendix B and incorporated as part of these standards shall apply to project applications subject to review under these standards, except where a specific Certificate of Need standard states otherwise.
- (2) The Commission may direct the Department to apply the bed need methodology in Section 3.
 - (3) The Commission shall designate the base year and the planning year that shall be utilized in applying the methodology pursuant to subsection (2).
 - (4) When directed by the Commission to apply the methodology pursuant to subsection (2), the effective date of the bed need numbers shall be established by the Commission.
 - (5) New bed need numbers established by subsections (2) and (3) shall supersede the bed need numbers shown in Appendix B and shall be included as an amended appendix to these standards.
 - (6) Modifications made by the Commission pursuant to this section shall not require ad hoc advisory committee action, a public hearing, or submittal of the standard to the Legislature and the Governor in order to become effective.

Section 5. Modification of the age specific use rates by changing the base year.

- Sec. 5. (1) The Commission may modify the base year based on data obtained from the Michigan Department of Community Health Annual Survey of Long-Term-Care Facilities or other comparable MDCH survey instrument presented to the Commission by the

Department. The Department shall calculate use rates for each of the age cohorts set forth in Section 3(1)(b) and biennially present the revised use rates based on 1989 information, or the most recent base year information available biennially after 1989, to the CON Commission.

(2) The Commission shall establish the effective date of the modifications made pursuant to subsection (1).

(3) Modifications made by the Commission pursuant to subsection (1) shall not require ad hoc advisory committee action, a public hearing, or submittal of the standard to the Legislature and the Governor in order to become effective.

Section 6. Requirements for approval - applicants proposing to increase beds in a planning area or replace beds outside a replacement zone

Sec. 6. (a) An applicant proposing to increase the number of nursing home beds in a planning area must demonstrate that the proposed increase, if approved, will not result in the total number of existing nursing home beds in that planning area exceeding the needed nursing home bed supply set forth in Appendix B. An applicant may request and be approved for up to a maximum of 20 beds if, when the total number of "existing nursing home beds" is subtracted from the bed need for the planning area set forth in Appendix B, the difference is equal to or more than 1 and equal to or less than 20.

This subsection is not applicable to projects seeking approval for beds from the statewide pool of beds established pursuant to Section 22217(1)(b) of the Code, being Section 333.22217(1)(b) of the Michigan Compiled Laws.

(b) An applicant proposing to replace existing licensed nursing home beds in the same planning area, but outside the replacement zone, must demonstrate each of the following: (i) the total number of existing nursing home beds in that planning area is equal to or less than the needed nursing home bed supply set forth in Appendix B and (ii) the number of beds to be replaced is equal to or less than the number of currently licensed beds at the health facility at which the beds proposed for replacement are currently located. This subsection is not applicable to projects seeking approval for beds from the statewide pool of beds established pursuant to Section 22217(1)(b) of the Code, being Section 333.22217(1)(b) of the Michigan Compiled Laws.

(c) An exception to the number of beds that may be approved pursuant to subsection (a) or (b) shall be made if the requirements set forth in both (i) and (ii) are met. The number of beds that may be approved in excess of the bed need for each planning area identified in Appendix B is set forth in subsection (iii).

(i) The applicant requesting additional nursing home/HLTCU beds has experienced an occupancy rate, at the nursing home/HLTCU at which the additional beds are proposed, of at least 97% for each of the 12 most recent continuous quarters for which verifiable data are available to the Department on its "Staffing/Bed Utilization Ratios Report."

(ii) The occupancy rate for all nursing homes/HLTCUs in the planning area, including nursing home beds approved from the statewide pool established pursuant to Section 22217(1)(b) of the Code, being Section 22217(1)(b) of the Michigan Compiled Laws, has been at least 97% for each of the 12 most recent continuous quarters for which verifiable data are available to the Department on its "Staffing/Bed Utilization Ratios Report."

(iii) The number of beds that may be approved pursuant to this subsection shall be the number of beds necessary to reduce the occupancy rate for the planning area in which the additional beds are proposed to the ADC adjustment factor for that planning area as shown in Appendix B. The number of beds shall be calculated by (1) dividing the actual number of patient days of care provided during the most recent 12-month period for which verifiable data are available to the Department provided by all nursing home (including HLTCU) beds in the planning area, including patient days of care provided in beds approved from the statewide pool of beds established pursuant to Section 22217(1)(b) of the Code, being Section 333.22217(1)(b) of the Michigan Compiled Laws and dividing that result by 365 (or 366 for leap years); (2) dividing the result of step (1) by the ADC adjustment factor for the planning area in which the beds are proposed to be added; (3) rounding the result of step (2) up to the next whole number; and (4) subtracting the total number of beds in the planning area including beds approved from the statewide pool of beds established pursuant to Section 22217(1)(b) of the Code, being Section 333.22217(1)(b) of the Michigan Compiled Laws from the result of step (3). If the number of beds necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area is equal to or more than 20, the number of beds that may be approved pursuant to this subsection shall be up to that number of beds. If the number of beds necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area is less than 20, the number of additional beds that may be approved shall be that number of beds or up to a maximum of 20 beds.

Section 7. Requirements for projects involving new construction or renovation

Sec. 7. (1) For projects involving new construction or renovation, an applicant shall demonstrate each of the following, as applicable:

(a) For projects involving the new construction of patient rooms, or room plan changes, the patient rooms shall be constructed or renovated to be consistent with the following minimum square feet of net usable area:

| Room Type | Net Usable Area Minimum Sq. ft. |
|--------------|------------------------------------|
| One person | 100 |
| Two person | 160 |
| Three person | 240 |
| Four person | 320 |

(b) For proposed projects involving construction of an entire facility (whether new or replacement), the proposed total gross square footage of the facility shall be no less than 200 gross square feet per bed and no more than 450 gross square feet per bed.

(2) An applicant proposing a project involving new construction or renovation shall demonstrate that a plan of correction for cited code deficiencies including life and fire safety (if any) for the applicant health facility has been submitted to and approved by the Department of Consumer and Industry Services, Division of Licensing and Certification.

Section 8. Requirements for approval -- replacement beds

Sec. 8. An applicant proposing replacement beds shall not be required to be in compliance with the needed nursing home bed supply set forth in Appendix B if the applicant demonstrates all of the following:

- (a) the project proposes to replace an equal or lesser number of beds currently licensed to the applicant at the licensed site at which the proposed replacement beds are currently located;
- (b) the proposed licensed site is in the replacement zone, and
- (c) the applicant meets all other applicable Certificate of Need review standards and agrees and assures to comply with all applicable project delivery requirements.

Section 9. Requirements for approval -- acquisition of a new nursing home or HLTCU

Sec. 9. An applicant proposing to acquire a new nursing home or HLTCU shall not be required to be in compliance with the needed nursing home bed supply set forth in Appendix B for the planning area in which the nursing home or HLTCU subject to the proposed acquisition is located if the applicant demonstrates that all of the following are met:

- (a) the acquisition will not result in a change in bed capacity,
- (b) the licensed site does not change as a result of the acquisition, and
- (c) the project is limited solely to the acquisition of a nursing home or HLTCU with a valid license.

Section 10. Review standards for comparative review

Sec. 10 (1) Any application subject to comparative review, under Section 22229 of the Code, being Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and reviewed comparatively with other applications in accordance with the Certificate of Need rules.

(2) The degree to which each application in a comparative group meets the criterion set forth in Section 22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws, shall be determined based on the sum of points awarded under subsections (a), (b), and (c).

(a) A qualifying project will be awarded points, in accord with the schedule set forth below, based on the nursing home's/HLTCU's proposed percentage of the nursing home's/HLTCU's patient days of care to be reimbursed by Medicaid (calculated using total patient days for all existing and proposed beds at the facility) for the second 12 months of operation following project completion, and annually for at least seven years thereafter.

| Proposed Percentage of Medicaid Patient Days | Points Awarded |
|--|----------------|
| 0 | 0 |

| | |
|----------|---|
| 1 - 19 | 1 |
| 20 - 39 | 2 |
| 40 - 59 | 3 |
| 60 - 100 | 4 |

(b) A qualifying project will be awarded points, in accord with the schedule set forth below, based on the nursing home's/HLTCU's proposed percentage, for the second 12 months of operation following project completion and annually for at least seven years thereafter, of all of the nursing home's/HLTCU's newly admitted patients (not including readmissions) that will be Medicaid recipients or Medicaid eligible recipients.

| Proposed Percentage of Medicaid Admissions | Points Awarded |
|--|----------------|
| 0 | 0 |
| 1 - 5 | 1 |
| 6 - 15 | 2 |
| 16 - 30 | 3 |
| 31 - 100 | 4 |

(c) A qualifying project will be awarded Three points if, within six months of beginning operation and for at least seven years thereafter, 100 percent (100%) of the licensed nursing home beds at the facility (both existing and proposed) will be Medicaid certified.

(3) A qualifying project will be awarded points, in accord with the schedule set forth below, based on its proposed participation in the Medicare program within six months of beginning operation and annually for at least seven years thereafter, including both physically conforming existing and proposed beds.

| Proposed Participation | Points Awarded |
|--|----------------|
| No Medicare certification of any physically conforming existing and proposed beds. | 0 |
| Medicare certification of at least one (1) bed but less than 100% of all physically conforming existing and proposed beds. | 1 |
| Medicare certification of 100% of all physically conforming existing and proposed beds. | 2 |

(4) A qualifying project will have points deducted based on the applicant's record of compliance with applicable federal and state safety and operating standards for any

nursing home/HLTCU owned and/or operated by the applicant in Michigan. Points shall be deducted in accord with the schedule set forth below if, following the effective date of these standards, the records which are maintained by the Department document (a) any nonrenewal or revocation of license for cause and/or (b) nonrenewal or termination for cause of either Medicare or Medicaid certification of any Michigan nursing home/HLTCU owned and/or operated by the applicant.

| Nursing home/HLTCU Compliance Action | Points Deducted |
|--------------------------------------|-----------------|
| Nonrenewal or revocation of license | 2 |
| Nonrenewal or termination of: | |
| Certification-Medicare | 2 |
| Certification-Medicaid | 2 |

(5) A qualifying project will be awarded two points if, following project completion, the applicant will provide either directly or through contractual relationships, as part of its living or housing arrangements, a home for the aged, an adult foster care home, or independent housing located on the same site or in the same planning area.

(6) A qualifying project will be awarded points based on the applicant's "Total proposed project cost per bed," in accord with the schedule set forth below, (where "A" represents "Average total proposed project cost per bed"):

| Range of "Total proposed project cost per bed" | Points Awarded |
|--|----------------|
| 0 to (A minus \$3000) | 5 |
| (A minus \$2999) to (A minus \$1000) | 4 |
| (A minus \$999) to (A plus \$1000) | 3 |
| (A plus \$1001) to (A plus \$5000) | 2 |
| (A plus \$5001) to (A plus \$11,000) | 1 |
| Above (A plus \$11,000) | 0 |

(7) A qualifying project will be awarded points based on the proposed percentage of the "Applicant's cash" to be applied toward funding the "Total proposed project cost" in accord with the schedule set forth below:

| Percentage "Applicant's Cash" | Points Awarded |
|-------------------------------|----------------|
| Over 20 percent | 5 |
| 15.1 to 20 percent | 4 |

| | |
|--------------------|---|
| 10.1 to 15 percent | 3 |
| 5.1 to 10 percent | 2 |
| 1.1 to 5 percent | 1 |
| 0 to 1 percent | 0 |

(8) qualifying project will be awarded points for the following financing category:

| Financing Category | Points Awarded |
|---|----------------|
| Interest only payments after the period of construction | 0 |
| Payment of principal and interest after the period of construction, according to an amortization schedule | 2 |

(9) No points will be awarded to an applicant under specific subsections of Section 10 if information presented in Section 10 is inconsistent with related information provided in other portions of the Certificate of Need application.

(10) The standards set forth in this section are assigned the weights listed below, with a weight of "1" being important, a weight of "2" being more important, and a weight of "3" being very important. The points awarded to an applicant in each of the subsections shall be multiplied by the applicable weight set forth below to determine the total number of points awarded to each applicant for each subsection.

| Subsection | Weight |
|------------|--------|
| 2(a) | 3 |
| 2(b) | 3 |
| 29(c) | 3 |
| 3 | 1 |
| 4 | 2 |
| 5 | 1 |
| 6 | 2 |
| 7 | 2 |
| 8 | 1 |

(11) The Department shall approve those qualifying projects which, taken together, do not exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws, and which have the highest number of points when the results of subsections (2) through (10) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, taken together, do not exceed the need, as defined in Section 22225(1), in the order in which the applications were received by the Department, based on the date and time stamp placed on the application for Certificate of Need form (form T-150-

G-1.01 or any subsequent replacement form) by the Health Facilities Section, Certificate of Need, when the application is filed.

Section 11. Project delivery requirements -- terms of approval for all applicants

Sec. 11. (1) An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of Certificate of Need approval:

(a) Compliance with these standards, including the requirements of Section 10.

(b) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's actual Medicaid participation within the time periods specified in these standards. Compliance with Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's actual patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative review process. Compliance with Section 10(2)(b) shall be determined by comparing the actual number of Medicaid recipients and Medicaid eligible recipients who were newly admitted, as a percentage of all patients newly admitted to the nursing home/HLTCU, with the applicable schedule set forth in Section 10(2)(b) for which the applicant had been awarded points in the comparative review process. If any of the following occurs, an applicant shall be required to be in compliance with the range in the schedule immediately below the range for which points had been awarded in Section 10(2)(a) or (b), instead of the range of points for which points had been awarded in the comparative review in order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between the second 12 months of operation after project completion and the most recent 12-month period for which data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement to the applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs as defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security Act which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days reimbursed by Medicaid for the most recent year for which data are available from the Michigan Department of Community Health [subsection (iii) is applicable only to Section 10(2)(a)]. In evaluating subsection (ii), the Department shall rely on both the annual inflation index and the actual rate increases in per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing homes/HLTCUs in the health service area provided to the Department by the Michigan Department of Community Health.

(c) For projects involving the acquisition of a nursing home/HLTCU, the applicant shall agree to maintain the nursing home's/HLTCU's level of Medicaid participation (patient days and new admissions) for the time periods specified in these standards, within the ranges set forth in Section 10(2)(a) and (b) for which the seller or other previous owner/lessee had been awarded points in a comparative review.

(d) Compliance with applicable operating standards.

(e) Compliance with the following quality assurance standards:

(i) For projects involving replacement beds, the current patients of the facility/beds being replaced shall be admitted to the replacement beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the replacement facility/beds.

(ii) The applicant will assure compliance with Section 20201 of the Code, being Section 333.20201 of the Michigan Compiled Laws.

(iii) The applicant shall participate in a data collection network established and administered by the Department. The data may include, but is not limited to, annual budget and cost information; operating schedules; and demographic, diagnostic, morbidity, and mortality information, as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data on an individual basis for each licensed site, in a format established by the Department, and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records.

(iv) The applicant shall provide the Health Facilities Section, Certificate of Need, with a notice within 10 days after the beds are licensed and placed in operation.

(2) The agreements and assurances required by this section shall be in the form of a certification authorized by the governing body of the applicant or its authorized agent.

Section 12. Department inventory of beds

Sec. 12. The Department shall maintain, and provide on request, a listing of the Department Inventory of Beds for each planning area.

Section 13. Wayne County planning areas

Sec. 13. (1) For purposes of these standards the cities and/or townships in Wayne County are assigned to the planning areas as follows:

Planning Area 84/Northwest Wayne

Canton Township, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville (part), Northville Township, Plymouth, Plymouth Township, Redford Township, Wayne, Westland

Planning area 85/Southwest Wayne

Allen Park, Belleville, Brownstown Township, Ecorse, Flat Rock, Gibraltar, Grosse Ile Township, Huron Township, Lincoln Park, Melvindale, River Rouge, Riverview, Rockwood, Romulus, Southgate, Sumpter Township, Taylor, Trenton, Van Buren Township, Woodhaven, Wyandotte

Planning area 86/Detroit

Detroit, Grosse Pointe, Grosse Pointe Township, Grosse Pointe Farms, Grosse Pointe Park, Grosse Pointe Woods, Hamtramck, Harper Woods, Highland Park

(2) A map showing the planning areas as listed in subsection (1) shall be available from the Department.

Section 14. Health Service Areas

Sec. 14. Counties assigned to each of the health service areas are as follows:

HSA

COUNTIES

| | | | |
|---|------------|----------------|--------------|
| 1 | Livingston | Monroe | St. Clair |
| | Macomb | Oakland | Washtenaw |
| | Wayne | | |
| | | | |
| 2 | Clinton | Hillsdale | Jackson |
| | Eaton | Ingham | Lenawee |
| | | | |
| 3 | Barry | Calhoun | St. Joseph |
| | Berrien | Cass | Van Buren |
| | Branch | Kalamazoo | |
| | | | |
| 4 | Allegan | Mason | Newaygo |
| | Ionia | Mecosta | Oceana |
| | Kent | Montcalm | Osceola |
| | Lake | Muskegon | Ottawa |
| | | | |
| 5 | Genesee | Lapeer | Shiawassee |
| | | | |
| 6 | Arenac | Huron | Roscommon |
| | Bay | Iosco | Saginaw |
| | Clare | Isabella | Sanilac |
| | Gladwin | Midland | Tuscola |
| | Gratiot | Ogemaw | |
| | | | |
| 7 | Alcona | Crawford | Missaukee |
| | Alpena | Emmet | Montmorency |
| | Antrim | Gd Traverse | Oscoda |
| | Benzie | Kalkaska | Otsego |
| | Charlevoix | Leelanau | Presque Isle |
| | Cheboygan | Manistee | Wexford |

| | | | |
|---|-----------|----------|-------------|
| | | | |
| 8 | Alger | Gogebic | Mackinac |
| | Baraga | Houghton | Marquette |
| | Chippewa | Iron | Menominee |
| | Delta | Keweenaw | Ontonagon |
| | Dickinson | Luce | Schoolcraft |

Section 15. Effect on prior Certificate of Need review standards, comparative reviews

Sec. 15. (1) These Certificate of Need review standards supersede and replace the Certificate of Need Standards for Nursing Home and Hospital Long-Term-Care Unit Beds approved by the Certificate of Need Commission and effective on July 8, 1994.

(2) Projects reviewed under these standards, involving a change in bed capacity, shall be subject to comparative review except for replacement beds being replaced within the replacement zone.

(3) Projects reviewed under these standards that relate solely to the acquisition of a new nursing home or HLTCU shall not be subject to comparative review.

APPENDIX A

CERTIFICATE OF NEED REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS

The use rate per 1000 population for each age cohort, for purposes of these standards, until otherwise changed by the Commission, is as follows.

| | | | |
|-------|-------------|---|---------------------|
| (i) | age 0 - 64 | : | 209 days of care |
| | | | |
| (ii) | age 65 - 74 | : | 4,165 days of care |
| | | | |
| (iii) | age 75 - 84 | : | 19,459 days of care |
| | | | |
| (iv) | age 85 + | : | 54,908 days of care |

APPENDIX B

CERTIFICATE OF NEED REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS

The bed need numbers, for purposes of these standards, until otherwise changed by the Commission, are as follows:

2001 MR 9

| Planning Area | Bed Need | Department Inventory* | ADC Adjustment Factor |
|-----------------------|----------|-----------------------|-----------------------|
| ALCONA | 102 | 106 | 0.9 |
| ALGER | 70 | 106 | 0.9 |
| ALLEGAN | 474 | 565 | 0.95 |
| ALPENA | 203 | 208 | 0.95 |
| ANTRIM | 134 | 113 | 0.95 |
| ARENAC | 106 | 148 | 0.9 |
| | | | |
| BARAGA | 72 | 87 | 0.9 |
| BARRY | 262 | 252 | 0.95 |
| BAY | 638 | 668 | 0.95 |
| BENZIE | 93 | 102 | 0.9 |
| BERRIEN | 965 | 867 | 0.95 |
| BRANCH | 241 | 283 | 0.95 |
| | | | |
| CALHOUN | 805 | 866 | 0.95 |
| CASS | 272 | 222 | 0.95 |
| CHARLEVOIX | 134 | 134 | 0.95 |
| CHEBOYGAN | 154 | 162 | 0.95 |
| CHIPPEWA | 193 | 173 | 0.95 |
| CLARE | 173 | 200 | 0.95 |
| CLINTON | 251 | 251 | 0.95 |
| CRAWFORD | 85 | 160 | 0.9 |
| | | | |
| DELTA | 260 | 292 | 0.95 |
| DICKINSON | 230 | 256 | 0.95 |
| | | | |
| EATON | 431 | 444 | 0.95 |
| EMMET | 167 | 230 | 0.95 |
| | | | |
| GENESEE | 1,951 | 1,951 | 0.95 |
| GLADWIN | 150 | 180 | 0.95 |
| GOGEBIC | 195 | 221 | 0.95 |
| GD. TRAVERSE | 368 | 552 | 0.95 |
| GRATIOT | 272 | 556 | 0.95 |
| | | | |
| HILLSDALE | 262 | 262 | 0.95 |
| HOUGHTON/KEWEE NAW | 314 | 335 | 0.95 |
| HURON | 278 | 313 | 0.95 |
| | | | |
| INGHAM | 1,180 | 1,181 | 0.95 |
| IONIA | 275 | 248 | 0.95 |
| IOSCO | 193 | 244 | 0.95 |
| IRON | 150 | 249 | 0.95 |
| ISABELLA | 214 | 309 | 0.95 |
| | | | |
| JACKSON | 828 | 847 | 0.95 |

2001 MR 9

| | | | |
|--------------|-------|-------|------|
| | | | |
| KALAMAZOO | 1,120 | 1,384 | 0.95 |
| KALKASKA | 76 | 88 | 0.9 |
| KENT | 2,566 | 2,761 | 0.95 |
| | | | |
| LAKE | 78 | 89 | 0.9 |
| LAPEER | 291 | 272 | 0.95 |
| LEELANAU | 111 | 97 | 0.9 |
| LENAWEE | 497 | 497 | 0.95 |
| LIVINGSTON | 421 | 475 | 0.95 |
| LUCE | 46 | 61 | 0.9 |
| | | | |
| MACKINAC | 81 | 79 | 0.9 |
| MACOMB | 3,636 | 4,056 | 0.95 |
| MANISTEE | 170 | 221 | 0.95 |
| MARQUETTE | 361 | 441 | 0.95 |
| MASON | 197 | 202 | 0.95 |
| MECOSTA | 184 | 232 | 0.95 |
| MENOMINEE | 197 | 195 | 0.95 |
| MIDLAND | 338 | 414 | 0.95 |
| MISSAUKEE | 81 | 95 | 0.9 |
| MONROE | 619 | 696 | 0.95 |
| MONTCALM | 285 | 285 | 0.95 |
| MONTMORENCY | 89 | 84 | 0.9 |
| MUSKEGON | 904 | 945 | 0.95 |
| | | | |
| NEWAYGO | 222 | 245 | 0.95 |
| | | | |
| OTTAWA | 874 | 970 | 0.95 |
| OAKLAND | 5,241 | 5,241 | 0.95 |
| OCEANA | 130 | 113 | 0.95 |
| OGEMAW | 131 | 233 | 0.95 |
| ONTONAGON | 76 | 110 | 0.9 |
| OSCEOLA | 118 | 54 | 0.95 |
| OSCODA | 69 | 90 | 0.9 |
| OTSEGO | 111 | 154 | 0.9 |
| | | | |
| PRESQUE ISLE | 111 | 106 | 0.95 |
| | | | |
| ROSCOMMON | 171 | 179 | 0.95 |
| | | | |
| SAGINAW | 1,156 | 1,175 | 0.95 |
| ST. CLAIR | 789 | 765 | 0.95 |
| ST. JOSEPH | 355 | 369 | 0.95 |
| SANILAC | 269 | 267 | 0.95 |
| SCHOOLCRAFT | 72 | 75 | 0.9 |
| SHIAWASSEE | 350 | 327 | 0.95 |
| | | | |
| TUSCOLA | 292 | 293 | 0.95 |
| | | | |

| | | | |
|-----------|-------|-------|------|
| VAN BUREN | 411 | 424 | 0.95 |
| | | | |
| WASHTENAW | 1,032 | 1,360 | 0.95 |
| WEXFORD | 161 | 218 | 0.95 |
| NW WAYNE | 3,166 | 3,181 | 0.95 |
| SW WAYNE | 1,818 | 2,033 | 0.95 |
| | | | |
| DETROIT | 6,297 | 6,277 | 0.95 |

* Department Inventory shown is as of August 20, 1999. Applicants must contact the Department to obtain the current number of beds in the Department Inventory of Beds. Note the figures in the Bed Inventory Column do not reflect any data regarding applications for beds under appeal or pending a final Department decision.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF NEED REVIEW STANDARDS FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS --ADDENDUM FOR SPECIAL POPULATION GROUPS

(By authority conferred on the Certificate of Need Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and Sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being Sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability; definitions

Sec. 1. (1) This addendum supplements the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds and shall be used for determining the need for projects established to better meet the needs of special population groups within the long-term care and nursing home populations, pursuant to Section 22217(1)(b) of the Public Health Code being Section 333.22217(1)(b) of the Michigan Compiled Laws.

(2) Except as provided in Sections 2, 3 and 6 of this addendum, these standards supplement, and do not supersede, the requirements and terms of approval required by the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.

(3) The definitions which apply to the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds shall apply to these standards.

(4) For purposes of this addendum, the following terms are defined:

(a) "Hospice" means a health care program licensed under Part 214 of the Code, being Section 333.21401 *et seq.*

(b) "Infection control program," for purposes of section 4(7), means a program that will reduce the risk of the introduction of communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to the presence of

communicable diseases within a ventilator-dependent unit so as to minimize the spread of a communicable disease.

(c) "Licensed hospital" for purposes of Section 3(6) of this addendum, means either:

- (i) a hospital licensed under Part 215 of the Code; or
- (ii) a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being Sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

(d) "Organized program," for purposes of Sections 3(8) and 4(7), means a program operated by an applicant at the location at which the proposed nursing home beds will be operated that is consistent with the requirements of Section 4(7)(a) through (e), except Section 4(7)(c)(iv).

(e) "Private residence" for purposes of Section 3(6) of this addendum, means a setting other than:

- (i) a licensed hospital; or
- (ii) a nursing home including a nursing home or part of a nursing home approved pursuant to Section 3(6).

(f) "Ventilator-dependent patient," for purposes of Sections 3(8) and 4(7), means a patient who does not require acute inpatient hospital services and either:

- (i) requires mechanical ventilatory assistance for a minimum of 6 hours each day; or
- (ii) is being weaned from ventilatory dependency.

Section 2. Requirements for approval -- applicants proposing to increase nursing home beds -- special use exceptions

Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would otherwise cause the total number of nursing home beds in that planning area to exceed the needed nursing home bed supply or cause an increase in an existing excess as determined under the applicable Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be approved pursuant to Section 3 of this addendum.

Section 3. Statewide pool for the needs of special population groups within the long-term care and nursing home populations

Sec. 3. (1) A statewide pool of additional nursing home beds of 2.0% of the beds needed in the state through application of the bed need methodology in the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds is established to better meet the needs of special population groups within the long-term care and nursing home populations, pursuant to Section 22217(1)(b) of the Code, being Section 333.22217(1)(b) of the Michigan Compiled Laws. Beds in the pool shall be allocated in accordance with subsections 3(a), 4(a), 5(a), and 6(a).

(2) Increases in nursing home beds approved under this addendum for special population groups shall not cause planning areas currently showing an unmet bed need to have that need reduced or planning areas showing a current surplus of beds to have that surplus increased.

(3)(a) The Certificate of Need Commission determines there is a need for beds for religious needs for specialized services within the long-term care and nursing home populations and sets aside 302 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (3)(b) or (c).

(b) An applicant proposing nursing home beds allocated under this subsection due to migration of the patient population shall demonstrate with credible documentation to the satisfaction of the Department each of the following:

(i) The applicant is currently licensed to operate a nursing home in Michigan and the application is for replacement and/or relocation of an existing licensed facility.

(ii) The number of beds proposed for replacement must be equal to or less than the licensed capacity of the applicant's existing nursing home on the date on which the Certificate of Need application is filed.

(iii) The facility to be replaced does not meet licensing or certification standards for health facilities as determined by the Department.

(iv) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a recognized religious organization, denomination or federation as evidenced by documentation of its federal tax exempt status as a religious corporation, fund, or foundation under Section 501(c)(3) of the United States Internal Revenue Code.

(v) The applicant's patient population includes a majority of members of the religious organization or denomination represented by the sponsoring organization.

(vi) The applicant's existing services and/or operations are tailored to meet certain special needs of a specific religion, denomination or order, including unique dietary requirements, or other unique religious needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

(vii) The replacement project responds to demographic changes, verifiable by the Department, which have decreased the representation of members of the religious organization or denomination in the planning area of the facility to be replaced and which have increased the representation of the members of the religious organization or denomination in the planning area of the replacement facility.

(viii) An applicant proposing replacement beds shall not be required to be in compliance with Section 8 (b) of the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, or any subsequent standard approved which requires the proposed new licensed site to be in the replacement zone.

(c) An applicant proposing to add nursing home beds allocated under this subsection for a project other than described in subsection (b) shall demonstrate, with credible documentation to the satisfaction of the Department, each of the following:

(i) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a recognized religious organization, denomination or federation as evidenced by documentation of its federal tax exempt status as a religious corporation, fund, or foundation under Section 501(c)(3) of the United States Internal Revenue Code.

(ii) The applicant's proposed patient population includes a majority of members of the religious organization or denomination represented by the sponsoring organization.

(iii) The applicant's proposed services and/or operations are tailored to meet certain special needs of a specific religion, denomination, or order, including unique dietary requirements,

or other unique religious needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

(4)(a) The Certificate of Need Commission determines there is a need for beds for applications designed to determine the efficiency and effectiveness of specialized programs for the care and treatment of persons with Alzheimer's disease as compared to serving these needs in general nursing home unit(s) and designed to study the relationship between the needs of Alzheimer's disease patients and those of other non-specialized nursing home patients. The Certificate of Need Commission sets aside 300 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (4).

(b) An applicant proposing to add nursing home beds allocated under this subsection shall demonstrate with credible documentation to the satisfaction of the Department each of the following:

(i) The beds are part of a specialized program for Alzheimer's disease which will admit and treat only patients which require long-term nursing care and have been appropriately classified as a patient on the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a level 4 (when accompanied by continuous nursing needs), 5, or 6.

The specialized program will participate in the state registry for Alzheimer's disease.

The specialized program shall be attached or geographically adjacent to a licensed nursing home and be no larger than 20 beds in size.

(iv) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at the health facility, appropriate for unsupervised activity.

(v) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area which is solely for the use of the Alzheimer's unit patients.

(vi) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light reflections to promote visual and spatial orientation.

(vii) Staff will be specially trained in Alzheimer's disease treatment.

(viii) If the applicant has operated a specialized program and has demonstrated an occupancy rate of at least 97 percent in the Alzheimer's specialized unit(s) for the most recent, continuous 24-month period prior to submitting its application to the department, it may request up to an additional 20 beds but cannot exceed a total of 40 beds awarded from the statewide pool established in subsection (1).

(A) The specialized unit(s) shall be no larger than 20 beds.

(B) An applicant shall not be awarded more than a total of 40 beds.

(c) Beds approved under this subsection shall not be converted to non-specialized non-Alzheimer's long-term care services without a Certificate of Need for nursing home and hospital long-term care unit beds under the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.

(5)(a) The Certificate of Need Commission determines there is a need for beds for the health needs for skilled nursing care services within the long-term care and nursing home populations and sets aside 257 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (5).

(b) An applicant proposing to add nursing home beds allocated under this subsection shall demonstrate with credible documentation to the satisfaction of the Department each of the following:

(i) The planning area in which the beds will be located shall have a population density of less than 28 individuals per square mile based on the 1990 U.S. Census figures as set forth in Appendix A.

(ii) An application for beds from the special statewide pool of beds shall not be approved if any application for beds in that planning area has been approved from the special statewide pool of beds under Section 3(5).

(iii) The average occupancy rate for the planning area in which the beds will be located shall have been at least 95% for each of the three most recent years for which the Department has either: annual survey data; or data reported to the Department for purposes of compiling the "Staffing/Bed Utilization Ratios Report," whichever is the most recent data available. In determining the average occupancy rate for the planning area, the first six months of occupancy for any newly opened facility or newly opened part of a facility in that period shall be excluded.

(iv) An application shall not be approved if it proposes more than 40 beds.

(v) All beds approved pursuant to this subsection shall be dually certified for Medicare and Medicaid.

(6)(a) The Certificate of Need Commission determines there is a need for beds for patients requiring both hospice and long-term nursing care services within the long-term care and nursing home populations and sets aside 100 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (6).

(b) An applicant proposing to add nursing home beds allocated under this subsection shall demonstrate, with credible documentation to the satisfaction of the department, each of the following:

(i) An applicant shall be a hospice certified by Medicare pursuant to the Code of Federal Regulations, Title 42, Chapter iv, Subpart B (Medicare programs), Part 418 and shall have been a Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted to the Department.

(ii) An applicant shall demonstrate that, during the most recent 12 month period prior to the date an application is submitted to the Department for which verifiable data are available to the Department, at least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice were provided in a private residence.

(iii) An application shall propose 30 beds or less.

(iv) An applicant for beds from the special statewide pool of beds shall not be approved if any application for beds in that same planning area has been approved from the special statewide pool of beds under Section 3(6).

(v) An applicant shall submit, at the time an application is submitted to the Department, a study which documents, to the satisfaction of the Department, that both (A) and (B) have been contacted regarding the availability of either beds or space for acquisition (whether through purchase, lease or other comparable arrangement) for use by the proposed project, and that either: (1) beds or space are not available for acquisition; or (2) if beds or space are

available for acquisition, the capital costs of developing the beds or space in the acquired space for use by the proposed project are higher than the applicant's proposed project costs.

(A) Each licensed hospital in the planning area.

(B) Each licensed nursing home or hospital long-term care unit in the planning area.

If an applicant does not receive a response from (A) or (B) within 30 days of the date of contact, an applicant shall demonstrate that contact was made by 1 certified mail return receipt for each organization contacted. The requirements of this subdivision shall not apply to nursing homes or hospital long-term care units that either:

(1) Have not been cited by the Department's Division of Licensing and Certification for 1 or more level a deficiencies during the 12 months prior to the date an application is submitted to the Department.

(2) Have been granted, by the Department, a waiver of 1 or more physical plant licensure requirements.

(7)(a) The number of beds set aside from the total statewide pool established in subsection (1) for a special population group shall be reduced if there has been no Certificate of Need activity for that special population group during at least 6 consecutive application periods.

(b) The number of beds in a special population group shall be reduced to the total number of beds for which a valid Certificate of Need has been issued for that special population group.

(c) The number of beds reduced from a special population group pursuant to this subsection shall revert to the total statewide pool established in subsection (1).

(d) The Department shall notify the Commission of the date when action to reduce the number of beds set aside for a special population group has become effective and shall identify the number of beds that reverted to the total statewide pool established in subsection (1).

(e) For purposes of this subsection, "application period" means the period of time from one designated application date to the next subsequent designated application date.

(f) For purposes of this subsection, "Certificate of Need activity" means one or more of the following:

(i) Certificate of Need applications for beds for a special population group have been submitted to the Department for which either a proposed or final decision has not yet been issued by the Department.

(ii) Administrative hearings or appeals to court of decisions issued on Certificate of Need applications for beds for a special population group are pending resolution.

(iii) An approved Certificate of Need for beds for each special population group has expired for lack of appropriate action by an applicant to implement an approved Certificate of Need.

(8)(a) The Certificate of Need Commission determines there is a need for beds for ventilator-dependent patients within the long-term care and nursing home populations and sets aside 0 beds from the total statewide pool established in subsection (1) to address this need. Those needs are defined as being met by those applications meeting the requirements of subsection (8). By setting aside these beds from the total statewide pool, the Commission's action applies only to applicants seeking approval of nursing home beds pursuant to this subsection and does not preclude the care of ventilator-dependent patients in units of hospitals, hospital long-term care units, nursing homes, or other health care settings in compliance with applicable statutory or certification requirements.

(b) An applicant proposing to add nursing home beds allocated under this subsection shall demonstrate, with credible documentation to the satisfaction of the Department, each of the following:

- (i) An applicant has an organized program for caring for ventilator-dependent patients in licensed hospital beds, and has been recognized by the Department or the Michigan Department of Social Services as having provided an organized program for caring for ventilator-dependent patients for at least 30 continuous months prior to the date on which an application under this subsection is submitted to the Department.
- (ii) An application proposes no more than 15 beds that will be licensed as nursing home beds under Part 217 of the Code.
- (iii) The proposed unit will be located in a hospital licensed under Part 215 of the Code.
- (iv) An applicant for beds from this special statewide pool of beds shall not be approved if any application for beds in the same county has been approved from the special statewide pool of beds under Section 3(8).
- (v) The proposed unit will serve only ventilator-dependent patients.
- (vi) An applicant shall delicense a number of licensed hospital beds equal to or than greater than the number of beds proposed pursuant to this subsection.
- (vii) All beds approved pursuant to this subsection shall be dually certified for Medicare and Medicaid.

Section 4. Project delivery requirements -- terms of approval for all applicants seeking approval under Section 3

Sec. 4. (1) An applicant shall agree that if approved, the services shall be delivered in compliance with the terms of approval required by the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds.

(2) In addition to the terms of approval required by the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3(3)(b) shall agree that, if approved, the services provided by the specialized long-term care beds shall be delivered in compliance with the following terms of Certificate of Need approval:

- (a) The applicant shall submit a resolution of its governing body certifying that it shall cease operations as a licensed health care facility at the existing licensed site, and that the license of the existing site which is replaced under Section 3(3) shall be surrendered to the Department concurrently with the licensure of a replacement facility approved under Section 3(3)(b).
- (b) The applicant shall document, at the end of the third year following initiation of beds approved pursuant to Section 3 (3)(b), an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its average daily census for the third full year of operation.
- (c) When opening, the replacement facility shall admit the current patients of the facility being replaced to the extent those patients desire to transfer to the replacement facility.

(3) In addition to the terms of approval required by the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds

under Section 3(3)(c) shall agree that, if approved, the services provided by the specialized long-term care beds shall be delivered in compliance with the following term of Certificate of Need approval:

(a) The applicant shall document, at the end of the third year following initiation of beds approved pursuant to Section 3 (3)(c) an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its average daily census for the third full year of operation.

(4) In addition to the terms of approval required by the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3 (4) shall agree that if approved:

(a) The services provided by the specialized Alzheimer's disease beds shall be delivered in compliance with the requirements for approval in subsections 3(4)(a) and (b); and

(b) All beds approved pursuant to that subsection shall be certified for Medicaid.

(5) In addition to the terms of approval required by the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3(5) shall agree that if approved, all beds approved pursuant to that subsection shall be dually certified for Medicare and Medicaid.

(6) In addition to the terms of approval required by the Certificate of Need Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, an applicant for beds under Section 3(6) shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in accordance with the following Certificate of Need terms of approval.

(a) An applicant shall maintain Medicare certification of the hospice program and shall establish and maintain the ability to provide, either directly or through contractual arrangements, hospice services as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.

(b) The proposed project shall be designed to promote a home-like atmosphere which includes accommodations for family members to have overnight stays and participate in family meals at the applicant facility.

(c) An applicant approved for nursing home beds pursuant to Section 3(6) shall not refuse to admit a patient solely on the basis that he/she is HIV positive, has AIDS or has AIDS related complex.

(d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or have AIDS related complex in nursing home beds approved pursuant to Section 3(6).

(e) An applicant shall make accommodations to serve children and adolescents as well as adults in nursing home beds approved pursuant to Section 3(6).

(f) Nursing home beds approved pursuant to Section 3(6) shall only be used to provide services to individuals suffering from a disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled Laws.

(g) An applicant shall agree that the nursing home beds approved pursuant to Section 3(6) of these standards shall not be used to serve individuals not meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled Laws, unless

a separate Certificate of Need is requested and approved pursuant to applicable Certificate of Need review standards.

(h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section 333.21401 et seq. of the Michigan Compiled Laws.

(i) An applicant shall agree that at least 64% of the total number of hospice days of care provided by the applicant hospice to all of its clients will be provided in a private residence.

(j) An applicant shall annually provide data to determine the efficiency and effectiveness of providing, in a nursing home or hospital long-term care unit, room and board services to hospice clients that would otherwise be treated in a private residence if a capable primary caregiver was available. An applicant shall, at a minimum, provide data to the Department on a calendar year basis for each of the following:

(i) The number of hospice patients and associated days of care for general inpatient and respite inpatient hospice care;

(ii) The number of hospice patients and associated days of care for hospice routine and continuous home care not provided in a nursing home or hospital long-term care unit; and

(iii) The number of hospice patients and associated days of care for hospice room and board in a nursing home.

(iv) The total number of hospice clients and associated days of care served by the applicant hospice which shall be the sum of subdivisions (i), (ii), and (iii).

These data shall be considered when revisions to these standards are considered. The Department shall annually report to the Commission a summary of the data collected pursuant to this requirement. At a minimum, the summary shall report the occupancy rate and average length of stay for each applicant approved pursuant to Section 3(6) of this addendum.

(7) In addition to the terms of approval required by the Certificate of Need review standards for nursing home and hospital long-term care unit beds, an applicant for beds under Section 3(8) shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in accordance with the following Certificate of Need terms of approval.

(a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been trained in the care and treatment of ventilator-dependent patients and includes at least the following:

(i) a medical director with specialized knowledge, training, and skills in the care of ventilator-dependent patients.

(ii) a program director that is a registered nurse.

(b) An applicant shall make provisions, either directly or through contractual arrangements, for at least the following services:

(i) respiratory therapy.

(ii) occupational and physical therapy.

(iii) psychological services.

(iv) family and patient teaching activities.

(c) An applicant shall establish and maintain written policies and procedures for each of the following:

(i) patient admission criteria that describe minimum and maximum characteristics for patients appropriate for admission to the ventilator-dependent unit. At a minimum, the

criteria shall address the amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary services.

(ii) The transfer of patients requiring care at other health care facilities.

(iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.

(iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code, being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.

(v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.

(d) An applicant shall establish and maintain an organized infection control program that has written policies for each of the following:

(i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and frequency of tube changes.

(ii) placement and care of urinary catheters.

(iii) care and use of thermometers.

(iv) care and use of tracheostomy devices.

(v) employee personal hygiene.

(vi) aseptic technique.

(vii) care and use of respiratory therapy and related equipment.

(viii) isolation techniques and procedures.

(e) An applicant shall establish a multi-disciplinary infection control committee that meets on at least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director, and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy. This subsection does not require a separate committee, if an applicant organization has a standing infection control committee and that committee's charge is amended to include a specific focus on the ventilator-dependent unit.

(f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the immediate vicinity of the unit.

(g) An applicant shall agree that all beds approved pursuant to Section 3(8) will be dually certified for Medicare and Medicaid reimbursement.

(h) An applicant approved for beds pursuant to Section 3(8) shall agree that the beds will not be used to service individuals that are not ventilator-dependent unless a separate Certificate of Need is requested and approved by the Department pursuant to applicable Certificate of Need review standards.

(i) An applicant approved for beds pursuant to Section 3(8) shall provide data to the Department that evaluates the cost efficiencies that result from providing services to ventilator-dependent patients in a hospital.

Section 5. Comparative reviews, effect on prior Certificate of Need review standards

Sec. 5. (1) Projects proposed under Section 3(3) shall be considered a distinct category and shall be subject to comparative review on a statewide basis.

- (2) Projects proposed under Section 3(4) shall be considered a distinct category and shall be subject to comparative review on a statewide basis.
- (3) Projects proposed under Section 3(5) shall be considered a distinct category and shall be subject to comparative review on a statewide basis.
- (4) Projects proposed under Section 3(6) shall be considered a distinct category and shall be subject to comparative review on a statewide basis.
- (5) Projects proposed under section 3(8) shall be considered a distinct category and shall be subject to comparative review on a statewide basis.
- (6) These Certificate of Need review standards supercede and replace the Certificate of Need Review Standards for Nursing Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the Commission on March 20, 1996 and effective on May 10, 1996.

Section 6. Acquisition of nursing home or hospital long-term care unit beds approved pursuant to this addendum.

- Sec. 6. (1) An applicant proposing to acquire nursing home or hospital long-term care unit beds approved pursuant to Section 3(3)(b) or (c) of this addendum shall demonstrate that it is in compliance with the requirements of Section 3(3)(b)(iv), (v) and (vi) of this addendum.
- (2) An applicant proposing to acquire nursing home or hospital long-term care unit beds approved pursuant to Section 3(4) of this addendum shall demonstrate that it is in compliance with the requirements of Section 3(4)(b)(i), (ii), (iii), (iv), (v), (vi), (vii) and (viii) of this addendum.
- (3) An applicant proposing to acquire nursing home or hospital long-term care unit beds approved pursuant to Section 3(6) of this addendum shall demonstrate that it is in compliance with the requirements of Section 3(6)(b)(i) and (ii) of this addendum.
- (4) An applicant proposing to acquire beds approved pursuant to Section 3(8) of this Addendum shall demonstrate that it is in compliance with the requirements of Section 3(8) of this Addendum.
- (5) An applicant proposing to acquire nursing home or hospital long-term care unit beds approved pursuant to this addendum shall agree to all applicable project delivery requirements set forth in Section 4 of this addendum.

APPENDIX A

**CERTIFICATE OF NEED REVIEW STANDARDS
FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS
--ADDENDUM FOR SPECIAL POPULATION GROUPS**

Michigan nursing home planning areas with a population density of less than 28 individuals per square mile based on 1990 U.S. Census figures.

| Planning Area | Population Density per Square Mile |
|-------------------|---------------------------------------|
| Luce | 6.4 |
| Ontonagon | 6.8 |
| Schoolcraft | 7.1 |
| Baraga | 8.8 |
| Alger | 9.8 |
| Mackinac | 10.4 |
| Iron | 11.3 |
| Oscoda | 13.8 |
| Alcona | 14.9 |
| Lake | 15.1 |
| Montmorency | 16.2 |
| Gogebic | 16.3 |
| Presque Isle | 21 |
| Missaukee | 21.5 |
| Chippewa | 21.8 |
| Crawford | 21.9 |
| Menominee | 23.8 |
| Houghton/Keweenaw | 23.9 |
| Kalkaska | 24 |

Source: Michigan Department of Management and Budget and the U.S. Bureau of the Census

**ENROLLED SENATE AND HOUSE BILLS
SIGNED INTO LAW OR VETOED
(2001 SESSION)**

Mich. Const. Art. IV, §33 provides: “Every bill passed by the legislature shall be presented to the governor before it becomes law, and the governor shall have 14 days measured in hours and minutes from the time of presentation in which to consider it. If he approves, he shall within that time sign and file it with the secretary of state and it shall become law . . . If he does not approve, and the legislature has within that time finally adjourned the session at which the bill was passed, it shall not become law. If he disapproves . . . he shall return it within such 14-day period with his objections, to the house in which it originated.”

Mich. Const. Art. IV, §27, further provides: “No act shall take effect until the expiration of 90 days from the end of the session at which it was passed, but the legislature may give immediate effect to acts by a two-thirds vote of the members elected to and serving in each house.”

MCL 24.208 states in part:

“Sec. 8. (1) The office of regulatory reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(b) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills signed into law by the governor during the calendar year and the corresponding public act numbers.

(c) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills vetoed by the governor during the calendar year.”

**ENROLLED SENATE AND HOUSE BILLS
SIGNED INTO LAW OR VETOED
(2001 SESSION)**

| Public Act No. | Enrolled House Bill | Enrolled Senate Bill | I.E.* Yes / No | Governor Approved Date | Filed Date | Effective Date | Subject |
|----------------|---------------------|----------------------|-------------------|------------------------|------------|----------------|--|
| 1 | | 71 | Yes | 3/29 | 3/29 | 06/01/01 | CRIMES; Homicide; certain crimes against prenatal children; expand to include death to the embryo or fetus. (Sen. W. Van Regenmorter) |
| 2 | | 70 | Yes | 3/29 | 3/29 | 6/1/2001 # | CRIMINAL PROCEDURE; Sentencing guidelines; sentencing guidelines for crime of killing fetus or embryo; enact. (Sen. B. Schuette) |
| 3 | | 199 | No | 3/29 | 3/29 | 07/01/02 | INSURANCE; No-fault; Michigan catastrophic claims association retention limits; provide for. (Sen. J. Emmons) |
| 4 | 4322 | | Yes | 3/30 | 3/30 | 03/30/01 | INSURANCE; Insurers; coverage for home health care or assisted living services and assisted living facility stays; require definition. (Rep. S. Tabor) |
| 5 | 4234 | | Yes | 4/11 | 4/12 | 04/12/01 | TRANSPORTATION; Railroads; amount contributed by road authority for maintenance of active traffic control devices; revise. (Rep. J. Allen) |
| 6 | | 1 | Yes | 5/2 | 5/2 | 05/02/01 | CRIMINAL PROCEDURE; Statute of limitations; statute of limitations for certain cases of criminal sexual conduct in which DNA evidence was obtained; eliminate. (Sen. S. Johnson) |

MICHIGAN ADMINISTRATIVE CODE TABLE
(2001 SESSION)

MCL 24.208 states in part:

“Sec. 8. (1) The office of regulatory reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(i) Other official information considered necessary or appropriate by the office of regulatory reform.”

The following table cites administrative rules promulgated during the year 2000, and indicates the effect of these rules on the Michigan Administrative Code (1979 ed.).

MICHIGAN ADMINISTRATIVE CODE TABLE
(2001 RULE FILINGS)

| R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number |
|----------|--------|-------------------------------|----------|--------|----------------------------|-----------|--------|-------------------------------|
| | | | | | | | | |
| 29.601 | R | 5 | 29.1503 | A | 5 | 29.1809 | A | 5 |
| 29.602 | R | 5 | 29.1504 | A | 5 | 29.1810 | A | 5 |
| 29.603 | R | 5 | 29.1506 | A | 5 | 29.1821 | A | 5 |
| 29.604 | R | 5 | 29.1507 | A | 5 | 29.1822 | A | 5 |
| 29.605 | R | 5 | 29.1508 | A | 5 | 29.1823 | A | 5 |
| 29.621 | R | 5 | 29.1509 | A | 5 | 29.1824 | A | 5 |
| 29.622 | R | 5 | 29.1701 | A | 5 | 29.1831 | A | 5 |
| 29.1001 | R | 5 | 29.1702 | A | 5 | 29.1832 | A | 5 |
| 29.1002 | R | 5 | 29.1703 | A | 5 | 29.1841 | A | 5 |
| 29.1003 | R | 5 | 29.1704 | A | 5 | 29.1842 | A | 5 |
| 29.1004 | R | 5 | 29.1705 | A | 5 | 29.1851 | A | 5 |
| 29.1005 | R | 5 | 29.1706 | A | 5 | 29.1852 | A | 5 |
| 29.1006 | R | 5 | 29.1707 | A | 5 | 29.1861 | A | 5 |
| 29.1007 | R | 5 | 29.1708 | A | 5 | 324.102 | * | 2 |
| 29.1008 | R | 5 | 29.1710 | A | 5 | 324.416 | * | 2 |
| 29.1009 | R | 5 | 29.1711 | A | 5 | 324.504 | * | 2 |
| 29.1010 | R | 5 | 29.1721 | A | 5 | 324.1008 | * | 2 |
| 29.1021 | R | 5 | 29.1722 | A | 5 | 324.1012 | * | 2 |
| 29.1022 | R | 5 | 29.1723 | A | 5 | 324.1103 | * | 2 |
| 29.1023 | R | 5 | 29.1731 | A | 5 | 324.1105 | * | 2 |
| 29.1024 | R | 5 | 29.1732 | A | 5 | 324.1110 | * | 2 |
| 29.1031 | R | 5 | 29.1733 | A | 5 | 324.1113 | * | 2 |
| 29.1032 | R | 5 | 29.1801 | A | 5 | 324.1122 | * | 2 |
| 29.1041 | R | 5 | 29.1802 | A | 5 | 324.1125 | * | 2 |
| 29.1042 | R | 5 | 29.1803 | A | 5 | 324.1129 | * | 2 |
| 29.1051 | R | 5 | 29.1804 | A | 5 | 324.1130 | A | 2 |
| 29.1052 | R | 5 | 29.1805 | A | 5 | 324.8915 | A | 1 |
| 29.1053 | R | 5 | 29.1806 | A | 5 | 325.2111 | * | 2 |
| 29.1501 | A | 5 | 29.1807 | A | 5 | 325.2113 | * | 2 |
| 29.1502 | A | 5 | 29.1808 | A | 5 | 325.2113a | A | 2 |

(* Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

2001 MR 9

| R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number |
|-----------|--------|-------------------------------|-----------|--------|----------------------------|-----------|--------|----------------------------|
| | | | | | | | | |
| 325.2114 | * | 2 | 325.2152 | * | 2 | 325.10103 | * | 9 |
| 325.2115 | * | 2 | 325.2153 | * | 2 | 325.10104 | * | 9 |
| 325.2116 | * | 2 | 325.2154 | * | 2 | 325.10105 | * | 9 |
| 325.2117 | * | 2 | 325.2155 | * | 2 | 325.10106 | * | 9 |
| 325.2118 | * | 2 | 325.2156 | * | 2 | 325.10107 | * | 9 |
| 325.2118a | * | 2 | 325.2157 | * | 2 | 325.10108 | * | 9 |
| 325.2118b | * | 2 | 325.2158 | * | 2 | 325.10109 | * | 9 |
| 325.2121 | * | 2 | 325.2159 | * | 2 | 325.10110 | * | 9 |
| 325.2122 | * | 2 | 325.2161 | * | 2 | 325.10411 | A | 9 |
| 325.2123 | * | 2 | 325.2163 | * | 2 | 325.10412 | A | 9 |
| 325.2124 | A | 2 | 325.2165 | * | 2 | 325.10413 | A | 9 |
| 325.2125 | * | 2 | 325.2171 | * | 2 | 325.10414 | A | 9 |
| 325.2126 | * | 2 | 325.2174 | * | 2 | 325.10415 | A | 9 |
| 325.2127 | * | 2 | 325.2175 | * | 2 | 325.10416 | A | 9 |
| 325.2128 | * | 2 | 325.2176 | * | 2 | 325.10417 | A | 9 |
| 325.2129 | * | 2 | 325.2178 | * | 2 | 325.10418 | A | 9 |
| 325.2129a | A | 2 | 325.2179 | A | 2 | 325.10419 | A | 9 |
| 325.2131 | * | 2 | 325.2181 | * | 2 | 325.10420 | A | 9 |
| 325.2132 | * | 2 | 325.2182 | A | 2 | 325.10501 | * | 9 |
| 325.2133 | * | 2 | 325.2183 | A | 2 | 325.10502 | * | 9 |
| 325.2134 | * | 2 | 325.2184 | A | 2 | 325.10503 | * | 9 |
| 325.2135 | A | 2 | 325.2191 | * | 2 | 325.10504 | * | 9 |
| 325.2136 | * | 2 | 325.2192 | * | 2 | 325.10505 | * | 9 |
| 325.2137 | * | 2 | 325.2193 | * | 2 | 325.10506 | * | 9 |
| 325.2138 | * | 2 | 325.2194 | * | 2 | 325.10601 | * | 9 |
| 325.2141 | * | 2 | 325.2194a | A | 2 | 325.10602 | * | 9 |
| 325.2142 | * | 2 | 325.2195 | * | 2 | 325.10603 | * | 9 |
| 325.2143 | * | 2 | 325.2196 | * | 2 | 325.10604 | * | 9 |
| 325.2143a | A | 2 | 325.2197 | * | 2 | 325.10605 | * | 9 |
| 325.2144 | * | 2 | 325.2198 | * | 2 | 325.10606 | * | 9 |
| 325.2145 | * | 2 | 325.2199 | * | 2 | 325.10607 | * | 9 |
| 325.2146 | * | 2 | 325.10101 | * | 9 | 325.10608 | * | 9 |
| 325.2151 | * | 2 | 325.10102 | * | 9 | 325.10609 | * | 9 |

(* Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

2001 MR 9

| R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number |
|-----------|--------|-------------------------------|-----------|--------|----------------------------|-----------|--------|-------------------------------|
| | | | | | | | | |
| 325.10701 | * | 9 | 325.10734 | * | 9 | 325.10829 | * | 9 |
| 325.10702 | * | 9 | 325.10735 | * | 9 | 325.10830 | * | 9 |
| 325.10703 | * | 9 | 325.10736 | * | 9 | 325.10831 | * | 9 |
| 325.10704 | * | 9 | 325.10737 | * | 9 | 325.10832 | * | 9 |
| 325.10705 | * | 9 | 325.10738 | * | 9 | 325.10833 | * | 9 |
| 325.10706 | * | 9 | 325.10801 | * | 9 | 325.10901 | * | 9 |
| 325.10707 | * | 9 | 325.10802 | * | 9 | 325.10902 | * | 9 |
| 325.10708 | * | 9 | 325.10803 | * | 9 | 325.10903 | * | 9 |
| 325.10709 | * | 9 | 325.10804 | * | 9 | 325.10904 | * | 9 |
| 325.10710 | * | 9 | 325.10805 | * | 9 | 325.10905 | * | 9 |
| 325.10711 | * | 9 | 325.10806 | * | 9 | 325.10906 | * | 9 |
| 325.10712 | * | 9 | 325.10807 | * | 9 | 325.10907 | * | 9 |
| 325.10713 | * | 9 | 325.10808 | * | 9 | 325.10908 | * | 9 |
| 325.10714 | * | 9 | 325.10809 | * | 9 | 325.10909 | * | 9 |
| 325.10715 | * | 9 | 325.10810 | * | 9 | 325.11001 | * | 9 |
| 325.10716 | * | 9 | 325.10811 | * | 9 | 325.11002 | * | 9 |
| 325.10717 | * | 9 | 325.10812 | * | 9 | 325.11003 | * | 9 |
| 325.10718 | * | 9 | 325.10813 | * | 9 | 325.11004 | * | 9 |
| 325.10719 | * | 9 | 325.10814 | * | 9 | 325.11005 | * | 9 |
| 325.10720 | * | 9 | 325.10815 | * | 9 | 325.11006 | * | 9 |
| 325.10721 | * | 9 | 325.10816 | * | 9 | 325.11007 | * | 9 |
| 325.10722 | * | 9 | 325.10817 | * | 9 | 325.11008 | * | 9 |
| 325.10723 | * | 9 | 325.10818 | * | 9 | 325.11009 | * | 9 |
| 325.10724 | * | 9 | 325.10819 | * | 9 | 325.11010 | * | 9 |
| 325.10725 | * | 9 | 325.10820 | * | 9 | 325.11011 | * | 9 |
| 325.10726 | * | 9 | 325.10821 | * | 9 | 325.11012 | * | 9 |
| 325.10727 | * | 9 | 325.10822 | * | 9 | 325.11013 | * | 9 |
| 325.10728 | * | 9 | 325.10823 | * | 9 | 325.11014 | * | 9 |
| 325.10729 | * | 9 | 325.10824 | * | 9 | 325.11015 | * | 9 |
| 325.10730 | * | 9 | 325.10825 | * | 9 | 325.11016 | * | 9 |
| 325.10731 | * | 9 | 325.10826 | * | 9 | 325.11101 | * | 9 |
| 325.10732 | * | 9 | 325.10827 | * | 9 | 325.11102 | * | 9 |
| 325.10733 | * | 9 | 325.10828 | * | 9 | 325.11103 | * | 9 |

(* Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

2001 MR 9

| R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number |
|-----------|--------|-------------------------------|-----------|--------|----------------------------|-----------|--------|-------------------------------|
| | | | | | | | | |
| 325.11104 | * | 9 | 325.11401 | * | 9 | 325.11904 | * | 9 |
| 325.11105 | * | 9 | 325.11402 | * | 9 | 325.11905 | * | 9 |
| 325.11106 | * | 9 | 325.11403 | * | 9 | 325.11906 | * | 9 |
| 325.11107 | * | 9 | 325.11404 | * | 9 | 325.11907 | * | 9 |
| 325.11108 | * | 9 | 325.11405 | * | 9 | 325.11908 | * | 9 |
| 325.11109 | * | 9 | 325.11406 | * | 9 | 325.11909 | * | 9 |
| 325.11110 | * | 9 | 325.11407 | * | 9 | 325.11910 | * | 9 |
| 325.11111 | * | 9 | 325.11501 | * | 9 | 325.11911 | * | 9 |
| 325.11112 | * | 9 | 325.11502 | * | 9 | 325.11912 | * | 9 |
| 325.11113 | * | 9 | 325.11503 | * | 9 | 325.11913 | * | 9 |
| 325.11114 | * | 9 | 325.11504 | * | 9 | 325.11914 | * | 9 |
| 325.11115 | * | 9 | 325.11505 | * | 9 | 325.11915 | * | 9 |
| 325.11116 | * | 9 | 325.11506 | * | 9 | 325.11916 | * | 9 |
| 325.11117 | * | 9 | 325.11601 | * | 9 | 325.11917 | * | 9 |
| 325.11118 | * | 9 | 325.11602 | * | 9 | 325.11918 | * | 9 |
| 325.11201 | * | 9 | 325.11603 | * | 9 | 325.12101 | * | 9 |
| 325.11202 | * | 9 | 325.11604 | * | 9 | 325.12102 | * | 9 |
| 325.11203 | * | 9 | 325.11701 | * | 9 | 325.12103 | * | 9 |
| 325.11204 | * | 9 | 325.11702 | * | 9 | 325.12104 | * | 9 |
| 325.11205 | * | 9 | 325.11703 | * | 9 | 325.12105 | * | 9 |
| 325.11206 | * | 9 | 325.11704 | * | 9 | 325.12106 | * | 9 |
| 325.11207 | * | 9 | 325.11705 | * | 9 | 325.12107 | * | 9 |
| 325.11301 | * | 9 | 325.11706 | * | 9 | 325.12108 | * | 9 |
| 325.11302 | * | 9 | 325.11707 | * | 9 | 325.12109 | * | 9 |
| 325.11303 | * | 9 | 325.11708 | * | 9 | 325.12110 | * | 9 |
| 325.11304 | * | 9 | 325.11709 | * | 9 | 325.12301 | * | 9 |
| 325.11305 | * | 9 | 325.11710 | * | 9 | 325.12302 | * | 9 |
| 325.11306 | * | 9 | 325.11711 | * | 9 | 325.12303 | * | 9 |
| 325.11307 | * | 9 | 325.11712 | * | 9 | 325.12304 | * | 9 |
| 325.11308 | * | 9 | 325.11713 | * | 9 | 325.12401 | * | 9 |
| 325.11309 | * | 9 | 325.11901 | * | 9 | 325.12402 | * | 9 |
| 325.11310 | * | 9 | 325.11902 | * | 9 | 325.12403 | * | 9 |
| 325.11311 | * | 9 | 325.11903 | * | 9 | 325.12404 | * | 9 |

(* Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

2001 MR 9

| R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number |
|-----------|--------|-------------------------------|-----------|--------|----------------------------|------------|--------|-------------------------------|
| | | | | | | | | |
| 325.12405 | * | 9 | 325.12808 | * | 9 | 388.710 | * | 8 |
| 325.12406 | * | 9 | 325.12809 | * | 9 | 400.5103 | * | 7 |
| 325.12407 | * | 9 | 325.12810 | * | 9 | 408.4031 | * | 4 |
| 325.12408 | * | 9 | 325.12811 | * | 9 | 408.4038 | * | 4 |
| 325.12501 | * | 9 | 325.12812 | * | 9 | 408.30401 | * | 8 |
| 325.12502 | * | 9 | 325.12813 | * | 9 | 408.30402 | * | 8 |
| 325.12503 | * | 9 | 325.12814 | * | 9 | 408.30404 | * | 8 |
| 325.12504 | * | 9 | 325.12815 | * | 9 | 408.30405 | * | 8 |
| 325.12505 | * | 9 | 325.12816 | * | 9 | 408.30406 | * | 8 |
| 325.12506 | * | 9 | 325.12817 | * | 9 | 408.30408 | * | 8 |
| 325.12507 | * | 9 | 325.12818 | * | 9 | 408.30409 | * | 8 |
| 325.12508 | * | 9 | 325.12819 | * | 9 | 408.30410 | * | 8 |
| 325.12509 | * | 9 | 325.12820 | * | 9 | 408.30411 | * | 8 |
| 325.12510 | * | 9 | 325.51102 | * | 8 | 408.30412 | * | 8 |
| 325.12601 | * | 9 | 325.51103 | * | 8 | 408.30415a | * | 8 |
| 325.12602 | * | 9 | 325.51104 | * | 8 | 408.30427 | * | 8 |
| 325.12603 | * | 9 | 325.51105 | * | 8 | 408.30427a | R | 8 |
| 325.12604 | * | 9 | 325.51106 | R | 8 | 408.30427b | R | 8 |
| 325.12605 | * | 9 | 325.51108 | * | 8 | 408.30427c | R | 8 |
| 325.12606 | * | 9 | 325.70251 | A | 5 | 408.30427d | R | 8 |
| 325.12701 | * | 9 | 325.77102 | * | 6 | 408.30427e | R | 8 |
| 325.12702 | * | 9 | 325.77105 | * | 6 | 408.30429 | * | 8 |
| 325.12703 | * | 9 | 325.77107 | * | 6 | 408.30430 | * | 8 |
| 325.12704 | * | 9 | 325.77108 | * | 6 | 408.30432 | * | 8 |
| 325.12705 | * | 9 | 325.77109 | * | 6 | 408.30437 | * | 8 |
| 325.12706 | * | 9 | 325.77110 | * | 6 | 408.30443 | * | 8 |
| 325.12801 | * | 9 | 325.77111 | * | 6 | 408.30445 | * | 8 |
| 325.12802 | * | 9 | 325.77113 | R | 6 | 408.30447 | * | 8 |
| 325.12803 | * | 9 | 325.77114 | * | 6 | 408.30448 | * | 8 |
| 325.12804 | * | 9 | 325.77115 | * | 6 | 408.30448d | * | 8 |
| 325.12805 | * | 9 | 338.81 | A | 4 | 408.30449 | * | 8 |
| 325.12806 | * | 9 | 338.12003 | * | 8 | 408.30451c | * | 8 |
| 325.12807 | * | 9 | 388.706 | * | 8 | 408.30453 | * | 8 |

(* Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

2001 MR 9

| R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number | R Number | Action | 2001 MR Issue Number |
|------------|--------|-------------------------------|------------|--------|----------------------------|------------|--------|-------------------------------|
| | | | | | | | | |
| 408.30457 | * | 8 | 408.30759a | R | 8 | 418.10207 | * | 8 |
| 408.30458 | * | 8 | 408.30759b | R | 8 | 418.10404 | * | 8 |
| 408.30461 | A | 8 | 408.30760 | R | 8 | 418.101501 | * | 8 |
| 408.30475 | * | 8 | 408.30761c | R | 8 | 421.112 | * | 2 |
| 408.30476 | * | 8 | 408.30785 | * | 8 | 421.162 | * | 2 |
| 408.30495 | A | 8 | 408.30786 | * | 8 | 421.205 | * | 2 |
| 408.30497 | A | 8 | 408.30791 | * | 8 | 421.208 | * | 2 |
| 408.30499 | * | 8 | 408.30793 | R | 8 | 421.210 | * | 2 |
| 408.30499a | R | 8 | 408.30795 | R | 8 | 421.216 | * | 2 |
| 408.30501 | A | 8 | 408.30795a | R | 8 | 421.269 | A | 2 |
| 408.30538 | A | 8 | 408.30796 | R | 8 | 421.270 | * | 2 |
| 408.30701 | * | 8 | 408.30901a | * | 8 | 436.1527 | * | 7 |
| 408.30711 | * | 8 | 408.30902a | * | 8 | 460.20606 | * | 5 |
| 408.30712 | R | 8 | 408.30903a | R | 8 | 560.401 | * | 2 |
| 408.30713 | R | 8 | 408.30904a | * | 8 | 560.402 | * | 2 |
| 408.30714 | * | 8 | 408.30905a | * | 8 | 560.403 | * | 2 |
| 408.30715 | * | 8 | 408.30906a | * | 8 | 560.404 | * | 2 |
| 408.30716 | * | 8 | 408.30907a | * | 8 | 560.405 | * | 2 |
| 408.30717 | * | 8 | 408.30908a | * | 8 | 560.406 | A | 2 |
| 408.30718 | * | 8 | 408.30909a | * | 8 | 560.407 | A | 2 |
| 408.30719 | * | 8 | 408.30910a | * | 8 | 560.408 | A | 2 |
| 408.30720 | * | 8 | 408.30915a | * | 8 | 560.409 | A | 2 |
| 408.30728 | * | 8 | 408.30916a | R | 8 | 560.410 | A | 2 |
| 408.30735 | * | 8 | 408.30918a | * | 8 | 560.411 | A | 2 |
| 408.30740a | * | 8 | 408.30923a | * | 8 | 560.412 | A | 2 |
| 408.30740c | R | 8 | 408.30924a | R | 8 | 560.413 | A | 2 |
| 408.30741c | * | 8 | 408.30928a | * | 8 | 560.414 | A | 2 |
| 408.30744e | * | 8 | 408.30935a | * | 8 | 560.415 | A | 2 |
| 408.30754b | * | 8 | 408.30936a | * | 8 | 560.416 | A | 2 |
| 408.30754c | R | 8 | 408.30940a | R | 8 | 560.417 | A | 2 |
| 408.30749 | * | 8 | 408.30995a | * | 8 | 560.418 | A | 2 |
| 408.30757 | * | 8 | 418.10107 | * | 8 | 560.419 | A | 2 |
| 408.30758 | * | 8 | 418.10108 | * | 8 | 560.420 | A | 2 |

(* Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)

2001 MR 9

| R Number | Action | 2001 MR Issue Number |
|----------|--------|-------------------------------|
| | | |
| 560.421 | A | 2 |
| 560.422 | A | 2 |
| 560.423 | A | 2 |
| 560.424 | A | 2 |
| 560.425 | A | 2 |
| 560.426 | A | 2 |
| 560.427 | A | 2 |
| 560.428 | A | 2 |

(* Amendment to Rule, **A** Added Rule, **N** New Rule, **R** Rescinded Rule)



**CUMULATIVE
INDEX**

A

ATTORNEY GENERAL

Opinions

Ambulances, Emergencies, Hospitals, Public Health

Jurisdiction of medical control authority over emergency medical services

OAG 7072 (2001-2)

Correction 7072 (2001-4)

Annexation, Counties, Incompatibility, Public Officers and Offices, Villages

Incompatibility of Public Officers Act

OAG 7071 (2001-1)

Appropriations, Counties, Officers and Employees, Public Money, Register of Deeds

OAG 7076 (2001-5)

Bonds, Criminal Law, Police

Police Department Imposing Fee for Receiving Court-ordered Bond

OAG 7070 (2001-1)

Campaign Finance Act, Elections, Municipal Corporations, Nonprofit Corporations, Public Body, Public Money

OAG 7080 (2001-8)

* Proposed Rules

Counties, Firearms, Licenses and Permits, Open Meetings Act,
Prosecuting Attorneys, Public Body, Sheriffs
OAG 7073 (2001-2)

Elections, Municipalities, Villages
OAG 7081 (2001-8)

Insurance, Licenses and Permits, Preemption, Federal
OAG 7074 (2001-2)

Mifepristone (RU-486) as Constituting an Abortion
OAG 7077 (2001-5)

Public Offices and Officers
OAG 7079 (2001-6)

Taxation
OAG 7078 (2001-6)

C

COMMUNITY HEALTH, DEPARTMENT OF

Certificate of Needs – Review Standards for Hospital Beds (2001-4)
Certificate of Needs – Review Standards for Hospital Beds (2001-9)
Certificate of Needs – Review Standards for Nursing Home and Hospital Long-Term-Care
Unit Beds (2001-9)
Proposed Guideline - Patient Entitlements, 12-006-0001 and Representative Payee
Resistance to Financial Liability Determination Process (2001-2)
Proposed Agency Guideline Rescission – Access to Facility/Program Records, 04-008-0002
(2001-3)
Proposed Agency Guideline Rescission – Health Legislation and Policy Development (2001-
4)

CONSUMER AND INDUSTRY SERVICES, DEPARTMENT OF

Bureau of Construction Codes

Boilers, R 408.4001 - 408.4199 (2001-4)
Part 4. Building Code, R 408.30401 - 408.30499a (2001-8)
Part 7. Plumbing Code, R 408.30701 - 408.30796 (2001-8)
Part 9A. Mechanical Code, R 408.30901 - 408.30998 (2001-8)

Bureau of Health Services

Chiropractic, R 338.12001 - 338.12014 (2001-8)
Controlled Substances, R 338.3101 - 338.3199q (*2001-5)
Notice of Public Hearing – (2001-5)

* Proposed Rules

Bureau of Health Systems

Freestanding Surgical Outpatient Facilities, R 325.3801 - 325.3877 (*2001-2)
Notice of Public Hearing – (2001-2)

Bureau of Regulatory Services

Child Care Centers, R 400.5101 - 400.5940 (*2001-1); (2001-7)
Notice of Public Hearing (*2001-1)

Bureau of Safety and Regulations

Occupational Health Standards

MIOSHA

Abrasive Blasting, R 325.50251 – 325.50258 (*2001-1)
Benzene, R 325.77101 - 325.77115 (*2001-2); (2001-6)
Bloodborne Infectious Diseases, R 325.70001 - 325.70018 (*2001-6)

Bureau of Workers' Disability Compensation

Worker's Compensation Health Care Services, R 418.10101 - 418.10501 (*2001-2);
(2001-8)
Notice of Public Hearing – (2001-2)

Directors Office

Declaratory Rulings, R 338.81 (2001-4)
Illumination, R 325.47801 – 325.50902 (*2001-9)

Liquor Control Commission

Off-Premises Licenses, R 436.1401 - 436.1438 (2001-7)

Mortuary Science

General Provisions, R 399.18901 – 399.18930 (*2001-2)
Notice of Public Hearing – (2001-2)

Occupational Health Standards Commission

Air Contaminants, R 325.51101 - 325.51108 (2001-8)
Occupational Health Standards, R 325.70251 - 325.70251 (2001-5)

Public Service Commission

Uncollectibles Allowance Recovery Funds, R 460.2601 – 460.2625 (*2001-3)
Consumer Standards and Billing Practices for
Electric and Gas Residential Services, R 460.2101 - 460.2199 (*2001-3)
Notice of Public Hearing – (2001-3)
Gas Safety, 460.20606 (2001-5)

State Fire Safety Board

New and Existing Penal Institutions Fire Safety, R 29.601 - 29.622 (2001-5)

* Proposed Rules

State-Owned and Leased Buildings Fire Safety, (2001-5)
Health Care Facilities Fire Safety, R 29.1001 - 29.1053 (2001-5)

Unemployment Agency
Employment Security, R 421.1 - 421.302 (2001-2)

E

EDUCATION, DEPARTMENT OF

State Board of Educators

Identification of Students Eligible for Bilingual Education Funds,
R 388.701 - R 388.711 (2001-8)
Special Education Programs and Services, R 340.1701 - 340.1873 (*2001-5)
Notice of Public Hearing – (2001-5), (2001-7)

ENVIRONMENTAL QUALITY, DEPARTMENT OF

Air Quality Division

Air Pollution Control, R 336.1201 - 336.1299 (*2001-5)
Notice of Public Hearing – (2001-5)
Part 9. Emission Limitations and Prohibitions – Miscellaneous, R 336.1901 - 336-
1942 (*2001-7)
Notice of Public Hearing – (2001-7)

Drinking Water and Radiological Protection Division

Public Swimming Pools, R 325.2111 - 325.2199 (2001-2)
Subdivisions of Land, R 560.401 - 560.405 (2001-2)
Supplying Water to the Public, R 325.10401 - 325.10420 (2001-9)

Geological Survey Division

Oil and Gas Operations, R 324.101 - 324.1301 (2001-2)

H

COMMUNITY HEALTH, DEPARTMENT OF

Health Legislation and Policy Development

Access to Facility/Program Records, 04-08-0002 (2001-6)
Patient Entitlements, 12-006-0001 and Representative Payee
Resistance to Financial Liability Determination Process, 12-004-0004 (2001-6)

N

NATURAL RESOURCES, DEPARTMENT OF

Law Enforcement Division

* Proposed Rules

Regulation of Lands Administered by the DNR, R 299.291a – 299.932 (*2001-1)
Notice of Public Hearing – (*2001-1)

T

TREASURY, DEPARTMENT OF

Bureau of State Lottery

Lottery, R 432.1 - 432.38 (*2001-9)

Notice of Public Hearing – (2001-9)